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ABSTRACT

Described is the development of the Regional Education Assessment Diagnostic Services (READS) project, a collaborative organization of 20 Massachusetts school districts which would enable the districts to provide the diagnostic services mandated by recent state legislation for children having special needs. Among topics covered are the legislative basis for the development of READS, community efforts to provide the requisite financial support, the formation of a governance structure, and the staffing and organization for operation during the 1974-75 school year. The final section contains evaluative judgements of the program obtained from parents and school professionals, and includes a case history demonstrating the sensitivity of READS to the handicapped child. The bulk of the document consists of appendixes which include a copy of Massachusetts legislation (Chapter 766) which requires that communities provide special education programs for children with special needs, an outline of student records regulations, and professional and parental evaluations of the project. (SB)

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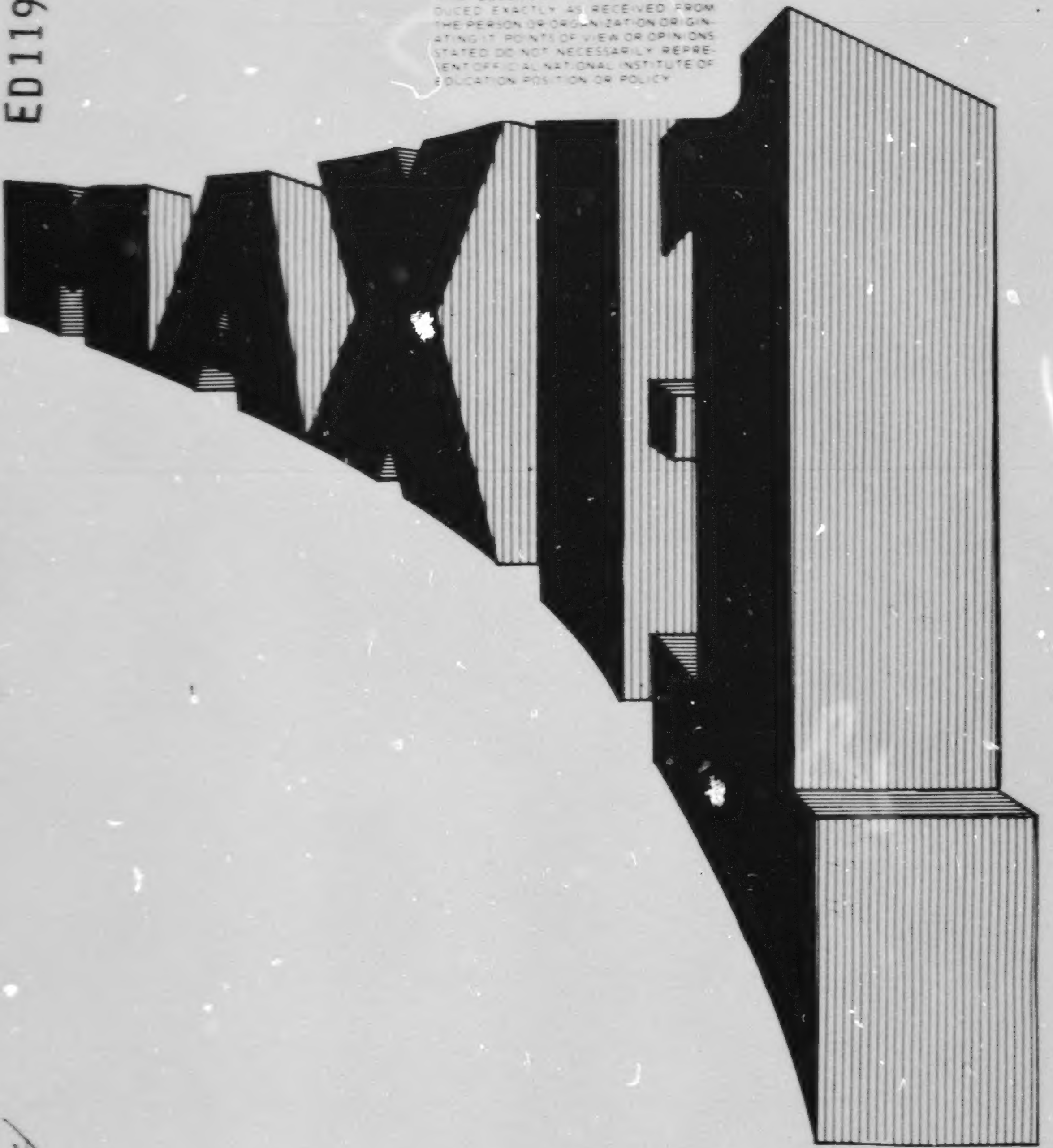

Herbert A. Drew Jr.
Edward J. Lynch

EC 081 704

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Practicum Report

Regional Educational Assessment Diagnostic Services: Concept to Action
(R.E.A.D.S.)

Herbert A. Drew, Jr. and Edward J. Lynch

Submitted in partial fulfillment
of the
requirements for the degree
of
Doctor of Education
Nova University

Providence, Rhode Island
Ian Malcolm

Maxi I
8-29-75

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ABSTRACT

The purpose of this practicum was to develop and implement a collaborative organization of twenty school districts in Southeastern Massachusetts which whould enable those districts to provide the diagnostic services mandated by recent state legislation for children having special educational needs.

Data from school district parents, community educational specialists, and the executive director of the diagnostic center attested to the first-year success of the collaborative effort which resulted in the collective decision of the member school districts to continue financial support of the operation.

INTRODUCTION

The following pages describe the creation of R.E.A.D.S., Inc., a private, non-profit organization which originated from the need of school districts in Southeastern Massachusetts for a cooperative vehicle which could provide their pupil populations with the specialized diagnostic services mandated by state law.

Among the subjects covered in the report are the legislative basis for the development of R.E.A.D.S., community efforts to provide the requisite financial support, the formation of a governance structure, and the staffing and organization for operation during the 1974-75 school year.

The concluding section presents evaluative judgements of the program obtained from parents and school professionals, and includes a case history demonstrating the sensitivity of R.E.A.D.S. to the handicapped child.

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LEGISLATIVE COMPULSION

On July 17, 1972 Governor Francis Sargent signed into law Chapter 766[1], a landmark document (Appendix A) whose objective was to compel the communities of Massachusetts to make available to their special needs children the programs and resources necessary to guarantee them equality of educational opportunity.

A child with special needs was designated as "any person of ages three through twenty-one who ... because of temporary or more permanent adjustment difficulties or attributes arising from intellectual, sensory, emotional, or physical factors, or other specific learning disabilities, or any combination thereof, is unable to progress effectively in a regular education program and requires special education".[2]

One of the requirements imposed on communities by Chapter 766 is "to provide a flexible and nondiscriminatory system for identifying and evaluating the individual needs of children requiring special education".[3]

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[1] "Chapter 766, An Act Further Regulating Programs Requiring Special Education and Providing Reimbursement Therefor." Acts and Resolves, The Commonwealth of Massachusetts, 1972.

[2] The Commonwealth of Massachusetts, Department of Education, Regulations for the Implementation of Chapter 766 of the Acts of 1972; The Comprehensive Special Education Law, May 28, 1974, p. 2.

[3] Ibid. p. II.

The specifics of this system are spelled out in the form of precisely defined educational, medical, and psychological diagnostic services which school districts must make available for their student populations.[4]

The necessity to make provision for such specialized assessment services represented a challenge to some Commonwealth communities. For example, in the southeastern sector of the state, a region cited as being economically depressed,[5,6] a number of school districts, those of the writers included, were concerned about their limited financial resources, qualified staffing, and clinical facilities. They joined in the effort to find a collective means to fulfill this obligation.

---

[4] Ibid. p. 12; pp. 21-22.

[5] U.S. Bureau of the Census, Census of Population: 1970 General Social and Economic Characteristics, "Final Report PC (1)-C23 Massachusetts," U.S. Government Printing Office, Washington, D. C. 1972, pp. 23-534; pp. 23-592.

[6] Division of Employment Security, Commonwealth of Massachusetts, Massachusetts Trends, Vol. I, No. 9, September 1974, pp. 2-3.

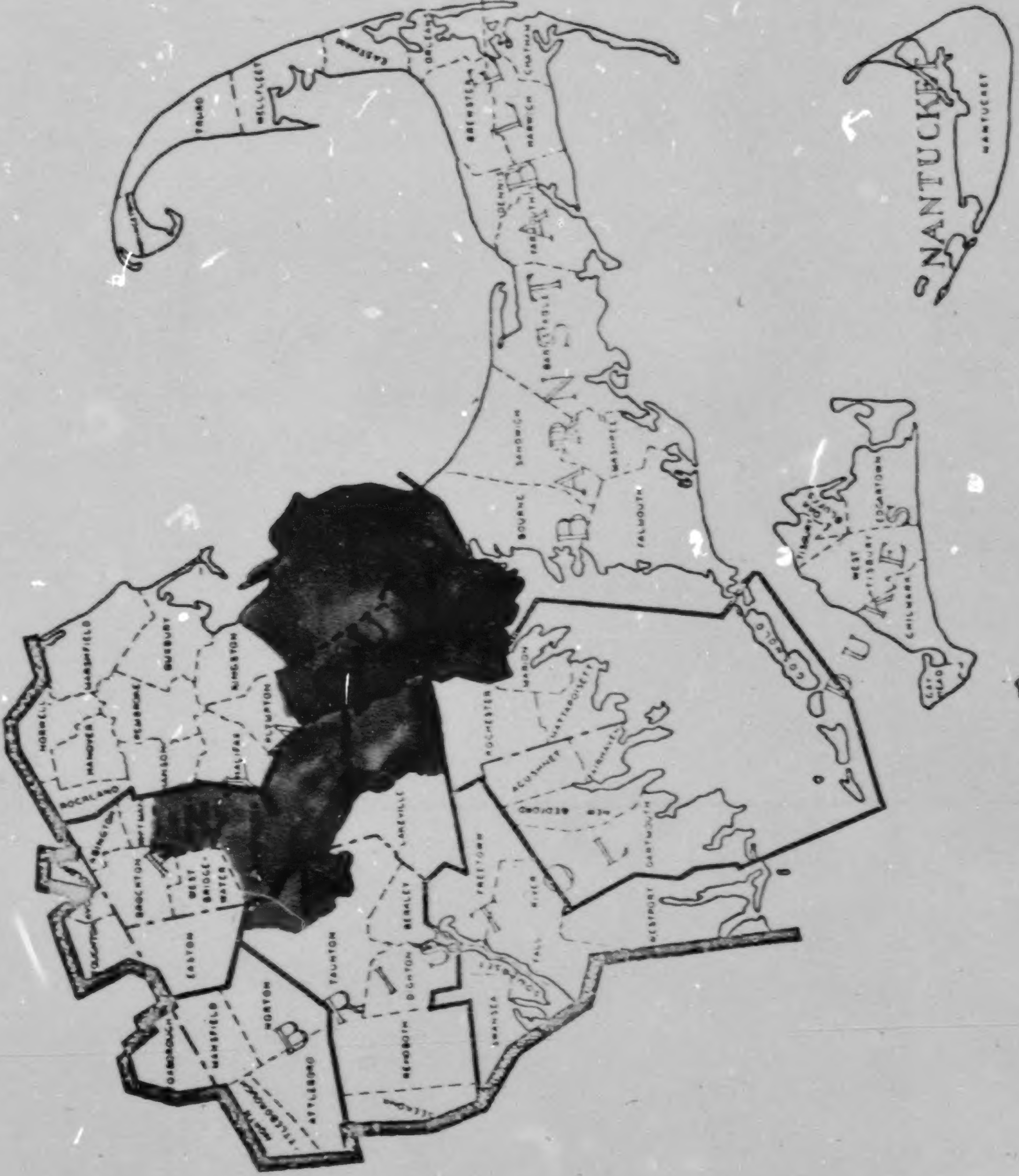
SEARCH FOR A COLLECTIVE SOLUTION

Seven Community Initiative

In July, 1972, seven Massachusetts school districts namely, Bridgewater, East Bridgewater, Carver, Middleborough, Plymouth, Raynham, and Wareham (Map 1) participated in a two month effort to discover a system which would enable them to draw upon pooled financial resources for the purchase of required medical and psychological assessments.

Out of this effort came a series of meetings with George S. Watson, M.D., Superintendent of Lakeville Hospital, a State Public Health facility centrally located in Southeastern Massachusetts. During these meetings, Dr. Watson conveyed to the seven school administrators that the state institution might be able to furnish the required medical assessments if the base of school district need for such services could be appreciably expanded and if such school systems could find or establish a private, non-profit organizational structure which would serve as their purchasing and disbursement agent.

Map 1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DARTMOUTH
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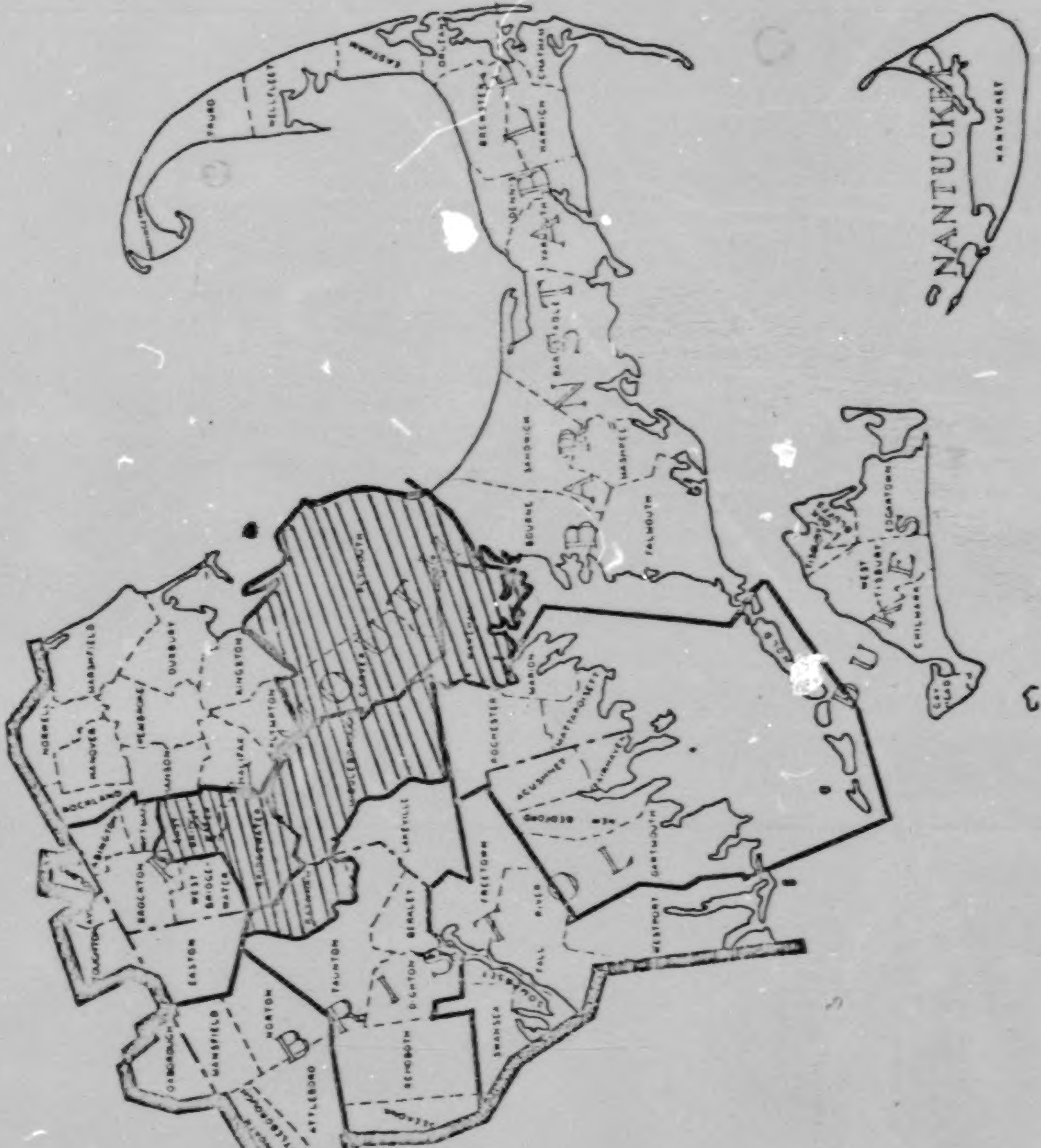
ROCHESTER
MARION
MATTAPOISETT

Colored Area Indicates Seven School District Initiative

Map 1

Colored Area Indicates Seven School District Initiative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BROCKTON
WEST BRIDGEWATER
BRIDGEWATER
RAYNHAM

Responsive Superintendency Action

The opportunity both to broaden the base of school system involvement and to obtain a legally permissible vehicle for the purchasing of assessment services appeared to be available in the form of Project Contemporary Competitiveness (PCC).[7]

PCC was initiated with federal funds under Title III of the Elementary and Secondary Education Act of 1964. This incorporated non-profit educational collaborative provides a summer enrichment program to academically talented students residing within a sixteen school district area which includes four of the seven communities listed previously. It seemed possible that with its expanded school district base and its private corporate character "PCC" could capitalize on the proposal by the Superintendent of Lakeville Hospital for the purchasing of diagnostic services. Such an anticipation, however, was not fulfilled in fact. By September, 1972, to the contrary, the majority of PCC school district participants were unreceptive to changing the traditional role of PCC or of encumbering it with any additional bookkeeping responsibilities.

---

[7] PL 89-10 Title III, Project Contemporary Competitiveness, OEG 8-56-31 (005208) 208, October 17, 1967.

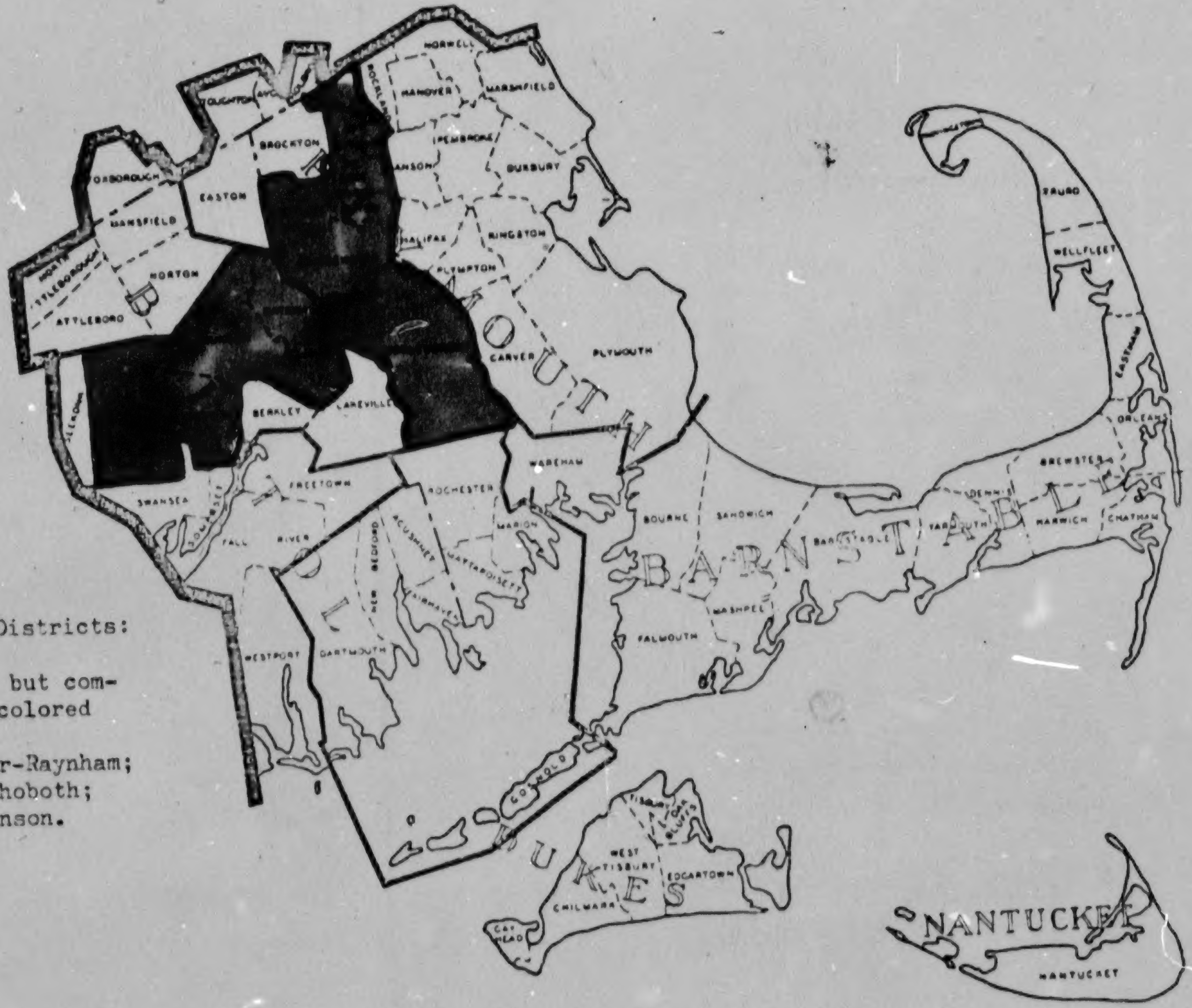
Nevertheless, Mr. Lincoln D. Lynch, Superintendent of the Middleborough Public Schools and president of PCC at that time urged his colleagues to establish a committee to study the feasibility of forming a collaborative for the express purpose of providing the desired evaluative services. In addition, he suggested the possibility that this operation could be based at Lakeville Hospital, representing a joint effort of Public Health and Education.

Representatives to this committee came from these thirteen school districts: Abington, Bridgewater, Bridgewater-Raynham Regional, East Bridgewater, West Bridgewater, Dighton, Dighton-Rehoboth Regional, Middleborough, Raynham, Rehoboth, Taunton, Whitman, and Whitman-Hanson Regional (Map 2). Mr. Herbert A. Drew, Jr., Director of Pupil Personnel Services for the Middleborough Public Schools, was appointed chairman of this ad hoc committee.

Technical advisors to this committee were Dr. Watson, James P. Reed, Ph.D., professor of clinical psychology at Tufts New England Medical Center, Benjamin Sachs, M.D., Massachusetts

Map 2

Colored Area Indicates Ad-Hoc Committee Representation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*Regional School Districts:

(Not in evidence but comprehended with colored area)
- Bridgewater-Raynham;
- Dighton-Rehoboth;
- Whitman-Hanson.

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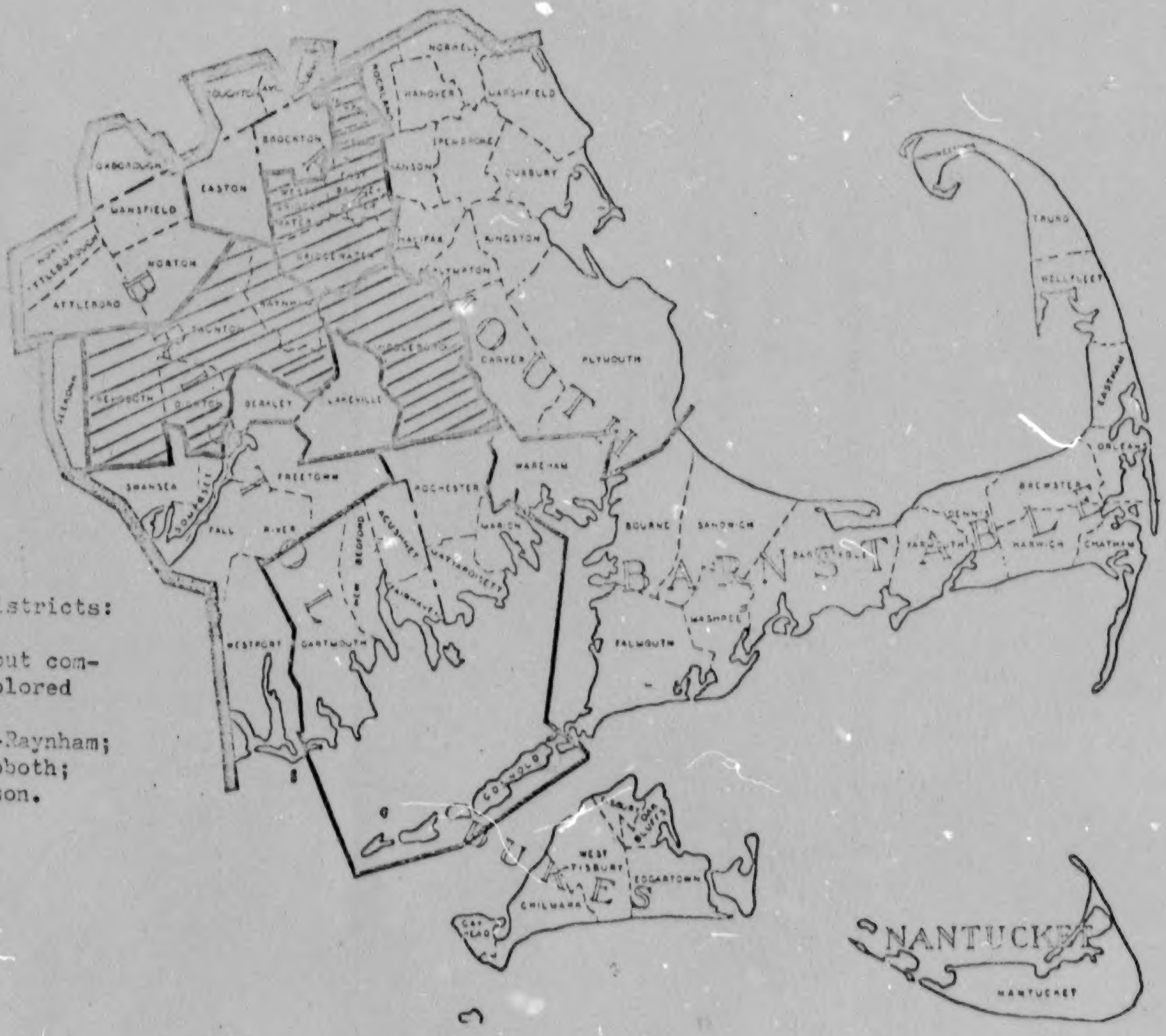
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Bridgewater-Raynham;
Dighton-Rehoboth;
Whitman-Hanson.

Department of Public Health, Mr. Ronald C. Werner, Massachusetts Department of Mental Health, and Mr. Robert J. Browne, Supervisor of Special Education, Massachusetts Department of Education.

Ad Hoc Committee Impact

By emphasizing reimbursement entitlements provided by the state legislature[8] this committee was able, during the period from September, 1972, to the middle of February, 1973, to gain support of their communities for the establishment of a regionalized diagnostic collaborative.

Before the ad hoc committee was dissolved it had also:

1. proposed that legal counsel be employed to petition the Commonwealth to designate the collaborative as an incorporated, tax-exempt undertaking;
2. recommended that the corporate entity be given the title of R.E.A.D.S. (Regional Educational Assessment and Diagnostic Services);
3. composed, for review and adaptation, a suggested constitution and by-laws for R.E.A.D.S. and a tentative organizational chart specifying both a staffing composition and a flow system for service delivery;

---

[8] "Chap. 753. An act Providing Reimbursement for Certain Cities and Towns Participating in Model Educational Programs." Acts and Resolves, The Commonwealth of Massachusetts, Wright and Potter Printing Co., 1972, p. 679.

4. received offers from the Pediatric and Psychology Departments of the Tufts University School of Medicine and the Developmental Evaluation Clinic of the Children's Medical Center Hospital of Boston to contribute planning assistance related to the deliverance of quality assessment services by R.E.A.D.S.;

5. advised that the fiscal viability of the collaborative would depend upon a capitation assessment of a school district enrollment enlarged so as to provide a minimum population base of forty thousand pupils and upon subsidizations solicited from state and federal funding sources;

6. obtained from twelve other school districts (Berkely, Bristol-Plymouth Regional Vocational Technical, Freetown, Freetown-Lakeville Regional, Lakeville, Marion, Mattapoisett, Old Rochester Regional, Plymouth-Carver Regional, Rochester, Silver Lake Regional, Wareham) their commitments to be represented at a meeting proposed expressly both to inform them of the R.E.A.D.S. collaborative concept and to extend them the opportunity to become charter members.

On February 13, 1973, spokesmen for all twenty-five single and regionalized[9] school districts (Map 3), representing an aggregate student enrollment of 45,206,[10] met at Lakeville

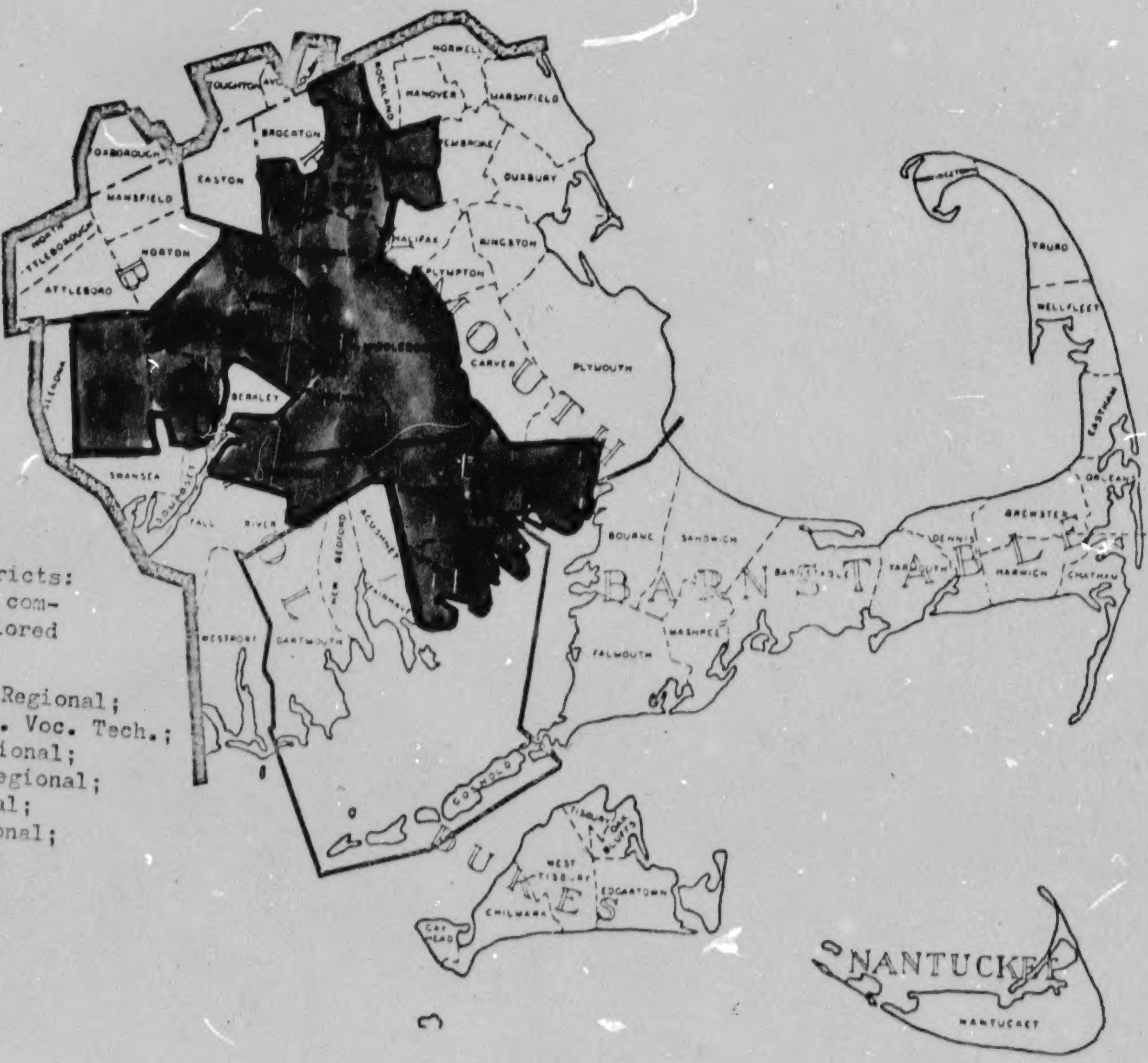
---

[9] "Chap. 638. An Act Establishing Regional School District Planning Boards." Acts and Resolves, The Commonwealth of Massachusetts, Wright and Potter Printing Co., 1949, pp. 554-558.
This promulgated legislation instituted the consolidation of small, contiguous communities into secondary (grades 9-12) school districts each separately administered by a single superintendency.

[10] Massachusetts Department of Education, Division of Research, Planning and Evaluation, Massachusetts School Directory:1972-73. "Listing Public and Non-Public Elementary and Secondary Schools in the Commonwealth", Part One, pp. 1-86.

Map 3

Colored Area Indicates Twenty-five Districts in Attendance, 2-13-73*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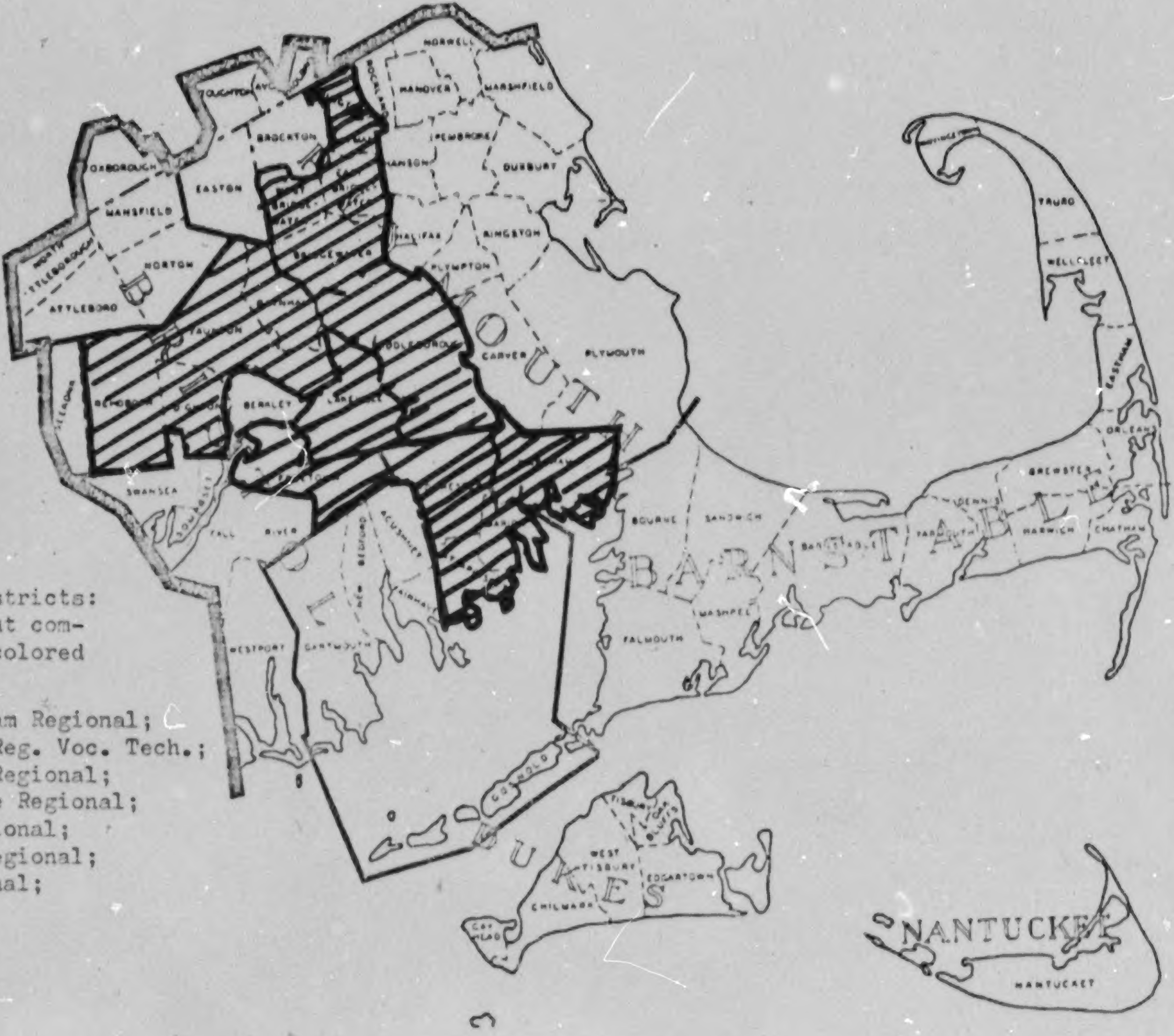
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Plymouth-Carver Regional;
Silver-Lake Regional;
Whitman-Hanson.

Hospital to review the ad hoc committee report. At that session it was agreed to locate the diagnostic center at Lakeville State Hospital. In addition, all of the participants agreed to recommend to their respective school committees a per capita allottment to fund this project. A one dollar per pupil assessment was proposed to secure a start-up budget. A final outcome of that meeting was the selection of Mr. Lincoln D. Lynch and Dr. George S. Watson to investigate the steps necessary for incorporation as a non-profit educational organization.

ESTABLISHMENT OF R.E.A.D.S. COLLABORATIVE

Application for Corporate Status

By March 1, 1973 legal counsel was retained and over the ensuing eight-month period, statutory editions of by-laws and articles of incorporation were composed. These finalized copies were forwarded for approval late in November, 1973 to the Secretary of the Commonwealth.

Selection of Corporate Title and First Officers

At a meeting in Lakeville on October 16, 1973 representatives from eighteen school districts approved the name of R.E.A.D.S., Inc. to be the corporate title for the collaborative. With a similar unanimous approval they appointed as first corporate officers: Mr. Lincoln D. Lynch, president; Mr. George R. Austin (Superintendent of Freetown-Lakeville Regional School District), treasurer; and Dr. George S. Watson, secretary.

Appointment of Middle Management Steering Committee

Another outcome of this meeting of October 16 was the selection of the writers to a ten-member steering committee.

This group was given the responsibility to formulate proposals addressed to a service model for R.E.A.D.S., to a delivery system within such a model, and to budgetary and staffing projections. After a series of day-long meetings conducted over the remaining weeks of October the steering committee presented its report and recommendations on November 20, 1973 at Lakeville Hospital to superintendents of interested school districts.

Steering Committee Impact

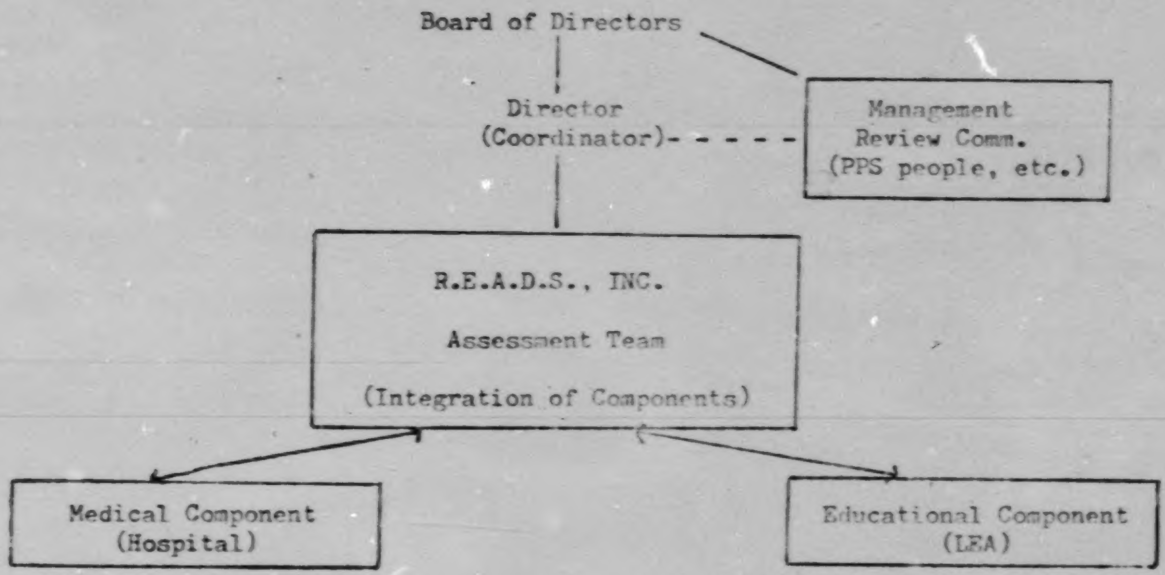
The Steering Committee, chaired by Mr. Gordon W. Mitchell, Assistant Superintendent of East Bridgewater, offered the following proposals as subjects for further study rather than as rigid prescriptions for immediate adoption.

Service Model Proposal: The proposed model (Figure 1) recommended that administrative leadership be provided by an "executive director". This person would be responsible for coordinating the available diagnostic resources, namely those of Lakeville Hospital, other hospitals and clinics, special services personnel of the public schools and private practitioners in the member communities.

FIGURE 1

PROPOSED SERVICE MODEL

R.E.A.D.S., INC.


Board of Directors
Director
(Coordinator)
Management
Review Comm.
(PPS people, etc.)
R.E.A.D.S., INC.
Assessment Team
(Integration of Components)
Medical Component
(Hospital)
Educational Component
(LEA)

Medical services provided through Lakeville Hospital and/or other sources:

- Pediatrician
- Neurologist
- Psychiatrist
- Orthopedic surgeon
- Otologist
- Dental services
- Other medical consultation to be arranged in accordance with need: clinical psychologist, speech pathologist, etc.

Educational services available through participating local education agency:

- School Physician
- School Nurse
- Psychologist
- Speech therapist
- Education specialist
- Special needs counselor
- Social service case work
- Psychometrician
- Additional specialized technicians, as needed

The governance aspect places the executive director under the immediate jurisdiction of the participating school district superintendents sitting as a Board of Directors. For the purposes of day to day service delivery, however, the director would be expected to work cooperatively with middle management (pupil personnel and special education) designees of the superintendents.

Delivery System Proposal: The proposed plan (Figure 2) suggested the development of a working relationship between the parent, the local school evaluation unit (core team), and professional staff of R.E.A.D.S. Additionally, the proposal recommended the completion of all evaluations within the thirty-day time frame edicted by the Massachusetts Department of Education. Both such features comply with the regulations of Chapter 766[11].

The guideline set forth some minimal specifications as to the who, the what, and the where components that should be involved in the R.E.A.D.S. flow of services. Deliberately avoided, however, was the submission of any how mechanism which would specify the manner in which all of the input and output components should be structured and coordinated. Such specification would be developed through the joint efforts of the executive director and the designated contact person of each subscribing school district.

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[11] The Commonwealth of Massachusetts, May 28, 1974, Department of Education, Regulations, Chapter 766, pp.15-16; 19-22; 28-33.

FIGURE 2

PROPOSED SERVICE DELIVERY SYSTEM
R.E.A.D.S., INC.

Type of Activity	Location of Activity	Persons Performing Activity
1. LEA referral procedures and data gathering in accord with Chapter 766.	LEA*	CET**
2. Referral data transferred to R.E.A.D.S. with request for services by the LEA contact person	School to R.E.A.D.S.	LEA contact person
3. Data reviewed by R.E.A.D.S. staff and LEA contact person; design of assessment program is outlined to meet needs of school referral. Appointment schedule arranged with the LEA.	R.E.A.D.S.	Staff of R.E.A.D.S. and LEA contact person
4. Diagnostic studies are completed, reports collated, R.E.A.D.S. staff and LEA contact design preliminary educational and management prescription.	R.E.A.D.S.	Professional Staff of R.E.A.D.S.
5. R.E.A.D.S. staff meets with parents and members of CET to: a. confirm aims and objectives of treatment plan; b. explain techniques of carrying out program; c. establish consistency in management at school and at home; and, d. identify source of additional treatment and timing of follow-up.	R.E.A.D.S.	R.E.A.D.S., parent(s) or guardian and LEA staff assigned

Above procedures to be accomplished, if possible, within thirty (30) days and with a minimum number of visits by the child to R.E.A.D.S.

*Local Education Agency

**Core Evaluation Team

Budgetary Proposal: It was the consensus of the steering committee that the collaborative could not be sustained without a combined school district population of at least 40,000 pupils. A population smaller than that would require a per capita assessment that might have been prohibitive. A proposed budget (Figure 3) was based on the assumption that the member districts would have a total population of at least 40,000.

The medical cost estimates represent a total budget proportion of fifty-seven percent. These monies were earmarked for pediatric, psychiatric, and neurological assessments. These medical specialties were thought to be those which could contribute the most to the core team in their efforts to develop appropriate educational plans for special need students.

The steering membership asserted, as well, that with a granted pupil population of forty thousand, R.E.A.D.S. might need to serve as many as five hundred student clients during a forty-week school year. The suggested accommodation to this prospect was to provide the required specialists, using either Lakeville medical staff, contracted outside

FIGURE 3

PROPOSED START-UP BUDGET
R.E.A.D.S., INC.

I. Administration/Service (48 weeks)	
A. 1 - Director--Coordinator (Suggest hire by March for operation by September 1974)	$15,000 - 20,000
B. 1 - Secretary--Clerk (Suggest hire as soon as director is ready to make use of same)	6,000
	$21,000 - 26,000

II. Medical			
A. 2 - part-time pediatricians	(40 weeks)	200 ½ day units	$20,000
B. 1 - part-time psychiatrist	(40 weeks)	80 ½ day units	12,000
C. 1 - part-time neurologist	(40 weeks)	80 ½ day units	8,000
D. Other medical	(40 weeks)		8,000
			$48,000

III. Operation Expenses	
A. Rent, utilities, phone, etc.	$ 6,000
B. Equipment	1,500
C. Supplies	500
D. Postage and other expenses	2,000
	$10,000

IV. Budget Summary	
A. Administration/Service	$26,000
B. Medical Service	48,000
C. Operating Expenses	10,000
Estimated for one full year:	$84,000

consultants, or both, to cope with this anticipated client demand. For example, it was thought that pediatric services would be necessary for approximately two hundred scheduled half-day sessions. Similarly, eighty half-day units of service in psychiatry and neurology were thought necessary. Additionally, other medical specialities such as ophthalmology, orthopedics, ear, nose, and throat were allowed for in the proposed service model.

The housekeeping component of the budget was developed from the practical experiences of the steering committee membership and from information regarding policies and regulations related to state facilities.

School district representatives at the meeting of November 20, 1973 voted approval of the service model and delivery system proposals but delayed approval of the budget until their respective school committees had been consulted.

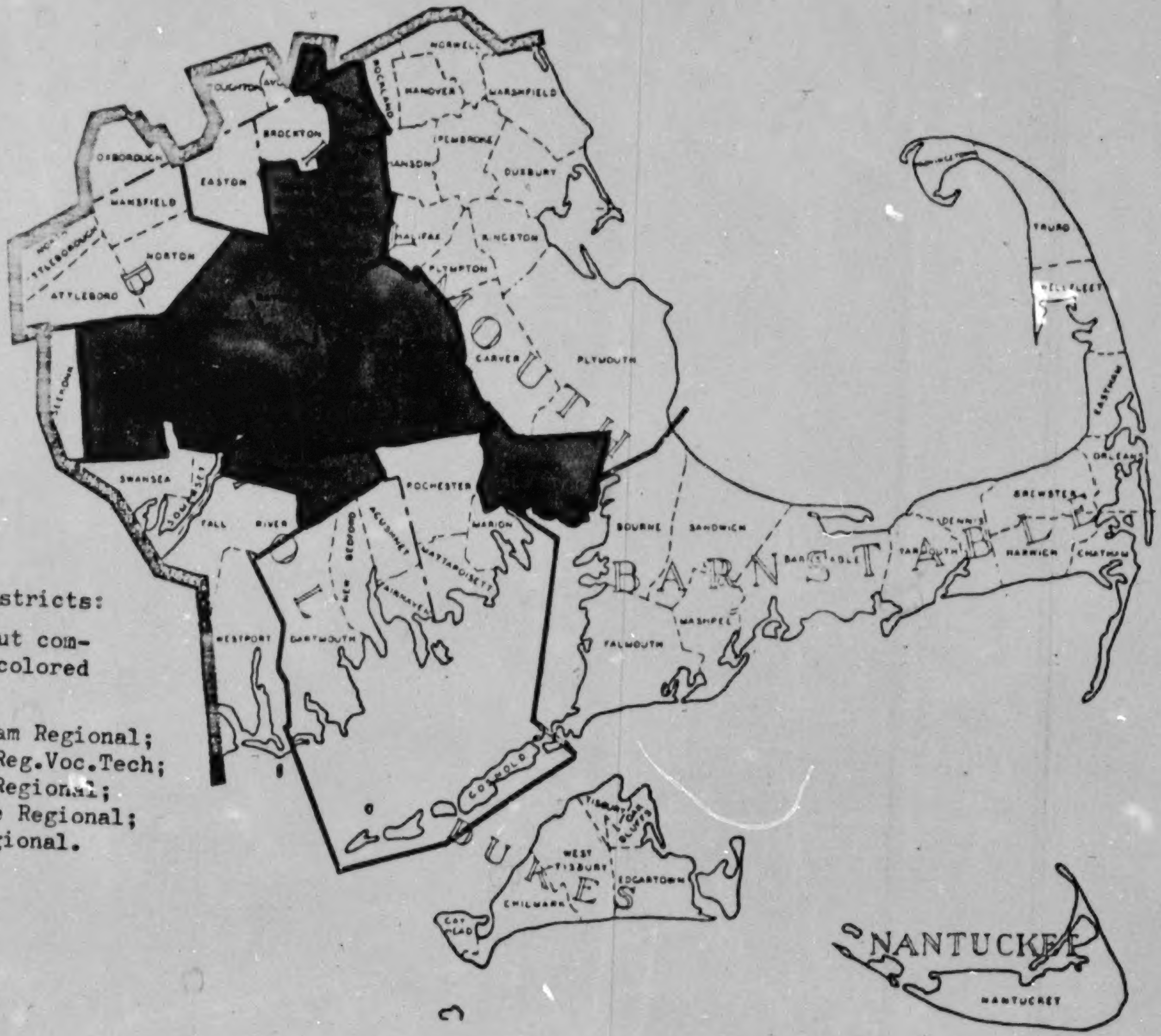
As of November 27, 1973, thirteen school committees had committed their districts to financial support of R.E.A.D.S. By January 10, 1974, seven additional school systems had similarly guaranteed their participation in the collaborative. Of these twenty school districts (Map 4), the town of Holbrook was the only community which had not had any association with the preceding formative development of R.E.A.D.S. Its admission to membership established the extent of the initial community representation in R.E.A.D.S. while providing both the desired supportive student population (Appendix B) and the assurance of community funding for the recommended start-up budget.

SEARCH FOR AND SELECTION OF AN EXECUTIVE DIRECTOR

After the development of the service delivery model, delivery system proposal, and budget, the writers joined in the process of selecting an executive director of the collaborative. From January through May of 1974 they worked in conjunction with five colleagues in formulating a job description (Appendix C), in announcing availability of the position (Appendix D), in screening one hundred eleven applications, in interviewing the six candidates considered most qualified by virtue of submitted credentials, and in unanimously recommending the appointment on May 23, 1974, of Robert K. Hartman, Ph.D. (Appendix E) to the position of executive director.

Map 4

Colored Area Indicates Finalized R.E.A.D.S. School District Membership, 1974-75*


NORWELL
HANOVER
MARSHFIELD
ROCKLAND
PEMBROKE
HANSON
DUXBURY
BROCKTON
EASTON
MANSFIELD
NORTON
ATTLEBORO
HALIFAX
KINGSTON
PLYMPTON
CARVER
PLYMOUTH
SWANSEA
FALL RIVER
ROCHESTER
MARION
ACUSHNET
MATTAPOISETT
NEW BEDFORD
FAIRHAVEN
WESTPORT
DARTMOUTH
GOSNOLD
BOURNE
SANDWICH
BARNSTABLE
YARMOUTH
DENNIS
BREWSTER
HARWICH
CHATHAM
ORLEANS
EASTHAM
WELLFLEET
TRURO
MASHPEE
FALMOUTH
WEST TISBURY
EDGARTOWN
CHILMARK
GAY HEAD
NANTUCKET
B
PLYMOUTH
BARNSTABLE
DUKES
NANTUCKET

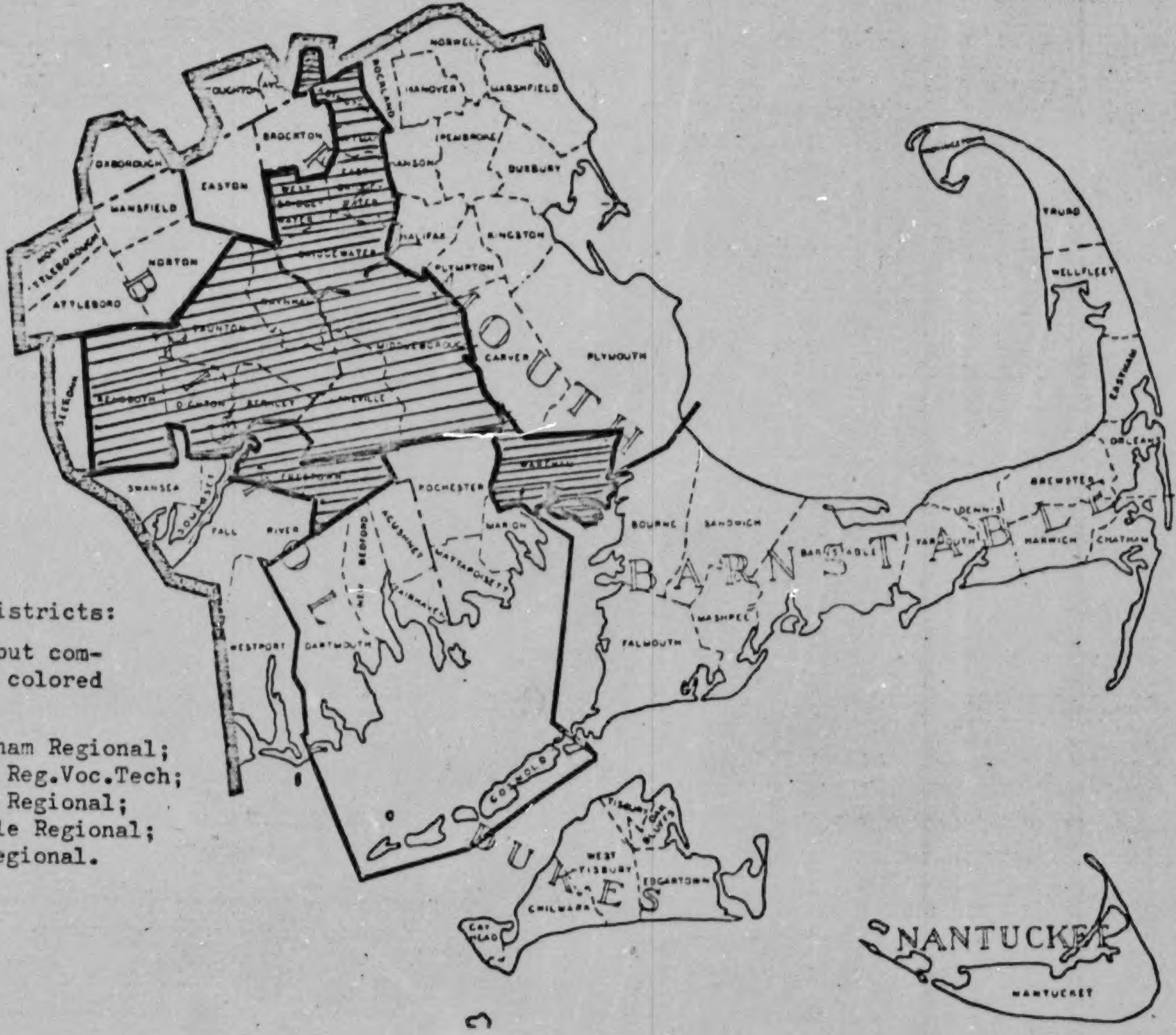
Regional School Districts:

(Not in evidence but comprehended within colored area)

Bridgewater-Raynham Regional;
Bristol-Plymouth Reg.Voc.Tech;
Dighton-Rehoboth Regional;
Freetown-Lakeville Regional;
Whitman-Hanson Regional.

Map 4

Colored Area Indicates Finalized R.E.A.D.S. School District Membership. 1974-75*


NORWELL
ROCKLAND
HANOVER
MARSHFIELD
STOUGHTON
BROCKTON
PEMBROKE
HANSON
DUXBURY
FOXBOROUGH
EASTON
WEST BRIDGEWATER
EAST BRIDGEWATER
MANSFIELD
HALIFAX
KINGSTON
NORTH ATTLEBOROUGH
NORTON
BRIDGEWATER
PLYMPTON
ATTLEBORO
RAYNHAM
TAUNTON
MIDDLEBOROUGH
CARVER
PLYMOUTH
SEEKONK
REHOBOTH
DIGHTON
BERKLEY
LAKEVILLE
FREETOWN
WAREHAM
SWANSEA
SOMERSET
ROCHESTER
FALL RIVER
NEW BEDFORD
ACUSHNET
MARION
MATTAPOISETT
FAIRHAVEN
WESTPORT
DARTMOUTH
GOSNOLD
BOURNE
SANDWICH
BARNSTABLE
YARMOUTH
DENNIS
BREWSTER
HARWICH
CHATHAM
ORLEANS
EASTHAM
WELLFLEET
TRURO
MASHPEE
FALMOUTH
TISBURY
WEST TISBURY
EDGARTOWN
CHILMARK
GAY HEAD
NANTUCKET
B
PLYMOUTH
BRISTOL
BARNSTABLE
DUKES
NANTUCKET

Regional School Districts:

(Not in evidence but comprehended within colored area)

Bridgewater-Raynham Regional;
Bristol-Plymouth Reg.Voc.Tech;
Dighton-Rehoboth Regional;
Freetown-Lakeville Regional;
Whitman-Hanson Regional.

On June 17, 1974, Dr. Hartman assumed active responsibility as the executive director of the collaborative. As his first official act he informed the membership that R.E.A.D.S., Inc. was in receipt of notification from the Secretary of State of corporate status. At that time he initiated application for "non-profit" status and tax exemption designation which was subsequently granted on December 2, 1974, (Appendix F). As of July 1, 1974, a qualified executive secretary had been employed.

MAKING READY FOR SEPTEMBER, 1974

During the several month interval immediately succeeding the appointment of the executive director, the following actions were taken to insure that R.E.A.D.S. services would be available at the start of the 1974-75 school year:

Setting of Specific Goals and Objectives

The middle management representatives (pupil personnel and special education directors) of all twenty school districts concurred that clearly-stated, reasonably attainable goals must be spelled out in advance as a basis for judging the eventual accomplishments of R.E.A.D.S.

Consequently, they developed with the executive director the following objectives:

a. to provide quality educational, medical, and psychological evaluations for all school-referred children;

b. to provide such evaluative services at a cost factor less than that imposed by diagnostic clinics located in urban centers;

c. to provide opportunity to parents and school departments to participate in the formulation of individualized educational plans for children diagnosed as having special needs;

d. to provide a service delivery system which meets the state requirement that an evaluation, including the recommendation of a suitable educational plan, be completed no later than thirty working days following the date of referral;

e. to provide a data recording system regarding low incidence handicapping conditions, e.g., deaf, blind, orthopedically crippled, epileptic, etc;

f. to provide a centrally maintained record keeping system of all original protocol editions of pupil evaluations;

g. to provide in-service workshop programs for professional and paraprofessional staff of participating school districts;

h. to provide opportunity for R.E.A.D.S. professional staffing to conduct evaluations of special needs children housed in such off-site facilities as state institutions, hospitals, sanitoria, private schools, etc.;

i. to provide instructional and behavioral strategies for classroom implementation with special needs children referred by participating school districts.

Attaining of R.E.A.D.S. Housing

Through the combined energies of Dr. Hartman and Dr. Watson, permission was obtained from the Massachusetts Department of Public Health for the use of an unoccupied suite of rooms (Figure 4) situated on the third floor, west wing section of the hospital nurses' building.

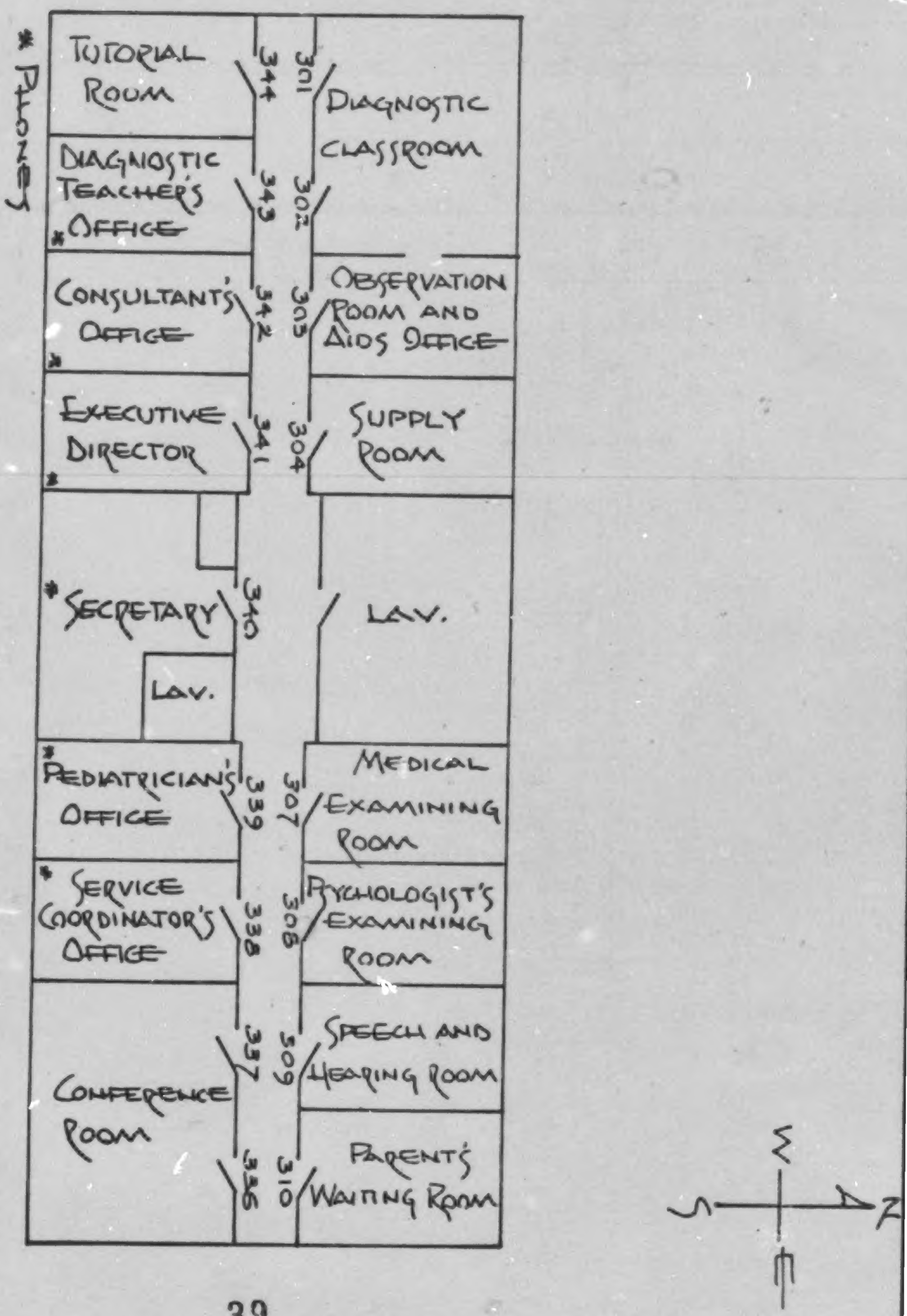
Initiating Diagnostic Classroom

Dr. Hartman proposed that the educational component of the R.E.A.D.S. evaluative delivery system could be served best by using a proportion of the available R.E.A.D.S. housing as a diagnostic classroom for kindergarten through fourth grade children presenting difficult educational problems.

As a diagnostic scheme, in his opinion, such a classroom environment would provide extended durations rather than single day opportunities to observe directly (within the classroom) or indirectly (by virtue of two-way mirror viewing) the individual and socially-

FIGURE 4

R.E.A.D.S. Housing*


* PHONES
TUTORIAL ROOM
344
301
DIAGNOSTIC CLASSROOM
DIAGNOSTIC TEACHER'S OFFICE
343
302
* CONSULTANT'S OFFICE
342
303
OBSERVATION ROOM AND AIDS OFFICE
* EXECUTIVE DIRECTOR
341
304
SUPPLY ROOM
* SECRETARY
340
LAV.
LAV.
* PEDIATRICIAN'S OFFICE
339
307
MEDICAL EXAMINING ROOM
* SERVICE COORDINATOR'S OFFICE
338
308
PSYCHOLOGIST'S EXAMINING ROOM
CONFERENCE ROOM
337
309
SPEECH AND HEARING ROOM
336
310
PARENT'S WAITING ROOM
W
S
N
E

*Nurses' Building
West Wing, 3rd floor
Lakeville Hospital
keville, Ma.

interactive dynamics of any enrolled child. As an opportunity for prescriptive recommendation, the diagnostic classroom would be helpful in the development of instructional management techniques that could be employed in reference to such difficult cases when these children returned to their local school districts.

The diagnostic classroom concept was approved as educationally defensible and incorporated into the R.E.A.D.S. service offering as a consequence of federal funding support[12] obtained through the efforts of the executive director.

Appointing Additional Personnel*

Medical Director: In place of the original proposition to utilize pediatric assistance on a shared, part-time basis (Figure 3, page 18), the executive director recommended the employment of a medical specialist as a staff member who would be fully committed and accountable to R.E.A.D.S.

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[12] P.L. 91-230, Title VI-B, Diagnostic Classroom, O.E.G. 75-650-077, September 1, 1974.

* Job descriptions and vitae of appointees to professional positions provided as Appendix G.

Service Coordinator: Concerned primarily with duties referring to scheduling and community liaison relationships, the position of Service Coordinator was structured to provide more time for the executive director to attend to administrative responsibilities and, also, to allow him to serve as the primary psychological consultant of the collaborative.

Financial support for this position was assured by approval of a proposal for federal funding co-developed by the writers.[13]

Diagnostic Teacher: The rationale for the diagnostic classroom was to provide the opportunity over a duration of days or possibly weeks to evaluate children whose problems could not be defined conclusively by their school districts and for whom no educational objectives had been prescribed.

The decision was approved, therefore, to select a person experienced in teaching learning disabled or handicapped children, competent in the administration and interpretation of individualized educational tests, amenable to maintaining daily, detailed observational notations on each child, and capable of composing realistic, relevant, specific educational procedures that could be utilized when these children returned to their home communities.

---

[13] P.L. 91-230, Title VI-B, Project R.E.A.D.S., O.E.G. 75-182-001, July 1, 1974.

Establishing University and Metropolitan Hospital Affiliations

As a direct result of a series of conferences with Dr. Charles Crocker, Harvard University Medical School, and Dr. Sydney Gellis, Tufts University School of Medicine, dating from March 12, 1974, R.E.A.D.S. established consulting affiliation by September 1, 1974, with the New England Medical Center Hospital, Boston Children's Hospital, and the Tufts University Medical Center.

R.E.A.D.S. PROGRAM FOR SCHOOL YEAR 1974-75

In July and August of 1974 the special education and pupil personnel directors of all the twenty member school districts attended two orientation-informational workshops hosted by Dr. Hartman at the R.E.A.D.S. headquarters.

During these monthly periods the executive director additionally visited each of the twenty communities explaining the R.E.A.D.S. purpose to superintendents, school committee members, teachers, educational specialists, and parents.

These summer experiences provided a perception of local district expectations for the diagnostic center and generated the following developments relating to the provision of services by R.E.A.D.S.:

Citation of Available Services

Notification was given to each participating school system of the diversity of evaluative services (Figure 5) available to it with the inception of the 1974-75 school year. Upon completion of the specified prerequisites the evaluative options range from a discrete medical examination to a comprehensive diagnostic study including educational, psychological, and necessary ancillary medical assessments.

Regardless of the kind or severity of handicapping condition involved, all such services are accessible to any referred child.

Referral and Delivery System Pattern

A flow chart (Figure 6) was developed based on the service delivery system composed by the middle management steering

FIGURE 5

R.E.A.D.S., INC. AVAILABLE SERVICES

Required for Referral	
BASIC:	
1. Complete medical evaluation. Ancillary medical services scheduled as needed.	1. a. Medical and developmental history (use of State form, Summary of Home Assessment, will fulfill this prerequisite). b. Educational history and present classroom achievement (use of State form, Summary of Educational Assessment, along with school records. c. Reports of any previous medical or psychological evaluations including hospital records.
2. Complete medical evaluation plus psychological consultation. Ancillary medical services scheduled as needed.	2. Same as "1" with the addition of the results of an individual intelligence test (Wechsler Scale or Stanford-Binet).
3. Complete medical and educational evaluations with psychological consultation. (Service Option #2: with the addition of a diagnostic class evaluation). Available for pre-school to 4th grade only.	3. Same as "2".

FIGURE 5 continued

ANCILLARY:

4. *Neurological evaluation; neuro-psychological evaluation	4. A referring physician who has requested the neurological evaluation and will assume medical responsibility. A complete medical history is necessary. Parents must accompany the child.
5. *Electroencephalogram (EEG)	5. A referring physician who has requested the EEG and will assume medical responsibility and complete the necessary forms specifying the type of EEG. Parents must accompany the child.
6. *Ophthalmological evaluation	6. Complete medical history and name of family doctor to be contacted if follow-up is necessary.
7. *Orthopedic evaluation	7. A school or family doctor requesting evaluation and assuming responsibility of follow-up. A complete medical history is necessary.
8. *Audiological and Language evaluations	8. Morton Hospital Developmental History Form and name of school speech and hearing clinician who will assume responsibility for follow-up. Parents must accompany the child.
9. *Dental evaluation	9. Name of school nurse or dental hygienist who will assume responsibility for follow-up.
10. *E.N.T., Laboratory, EKG, X-Ray evaluations	10. Same as "6"
11. *Psychiatric evaluation	11. Same as "7"

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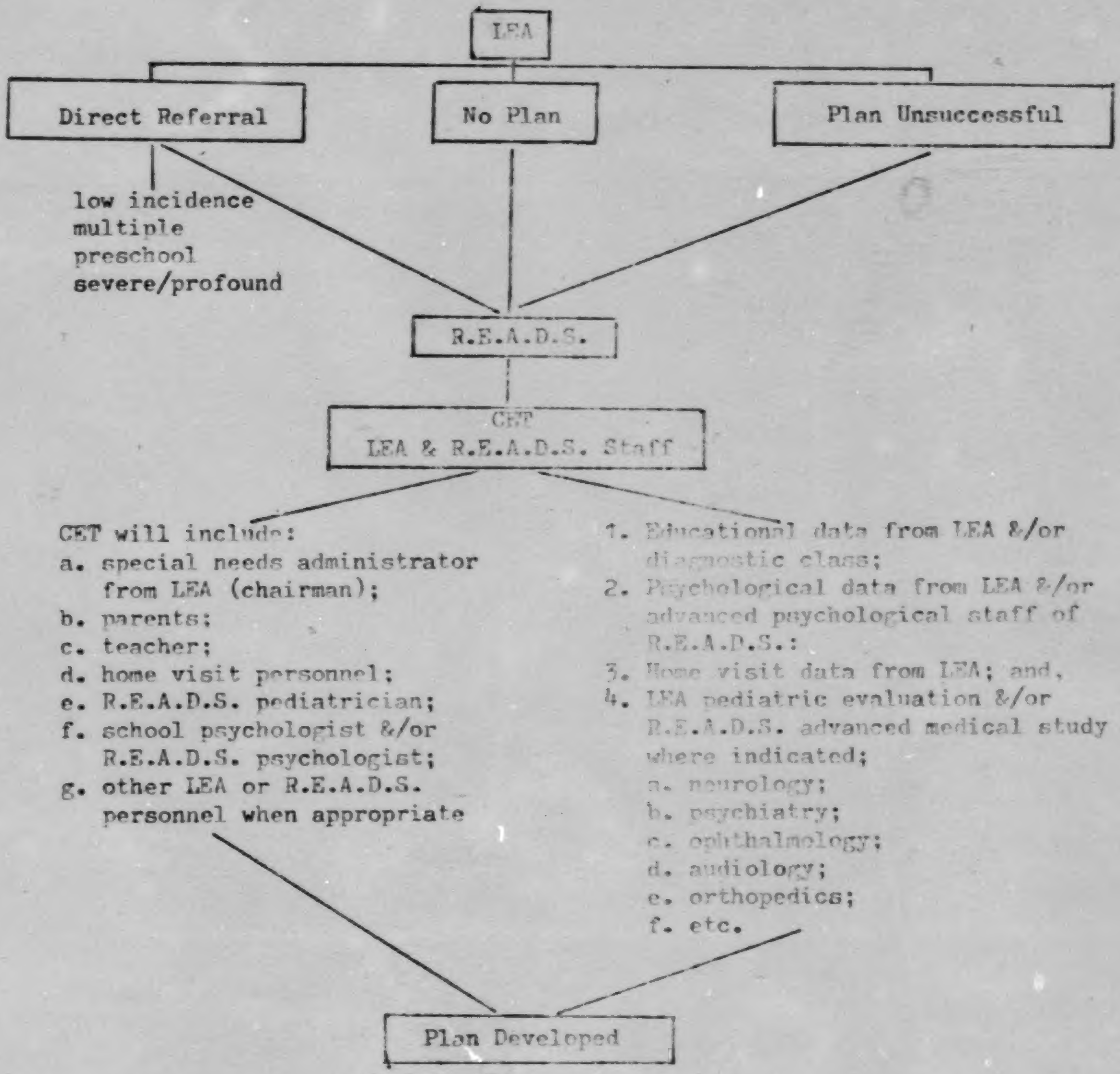
*The sending district will be asked, in the case of ancillary service requests, to secure the appropriate release forms and information on medical insurance.

FIGURE 6

R.E.A.D.S., INC.: REFERRAL AND DELIVERY SYSTEM PROCESS


LEA
Direct Referral
No Plan
Plan Unsuccessful
low incidence
multiple
preschool
severe/profound
R.E.A.D.S.
CET
LEA & R.E.A.D.S. Staff
Plan Developed

CET will include:
a. special needs administrator from LEA (chairman);
b. parents;
c. teacher;
d. home visit personnel;
e. R.E.A.D.S. pediatrician;
f. school psychologist &/or R.E.A.D.S. psychologist;
g. other LEA or R.E.A.D.S. personnel when appropriate

1. Educational data from LEA &/or diagnostic class;
2. Psychological data from LEA &/or advanced psychological staff of R.E.A.D.S.:
3. Home visit data from LEA; and,
4. LEA pediatric evaluation &/or R.E.A.D.S. advanced medical study where indicated;
    a. neurology;
    b. psychiatry;
    c. ophthalmology;
    d. audiology;
    e. orthopedics;
    f. etc.

committee (Figure 2, page 16) and represents a working model of the referral process which had previously been approved by the middle management personnel.

In this design, R.E.A.D.S. functions as a backup resource to the core evaluation team (CET)* of the local educational agency (LEA) in those cases when a local school district is unable to diagnose a child's problem, or when an educational plan has not produced beneficial results.

The pattern allows for direct referral of low incidence and severe handicapping cases, requires responsible decision-making and definitive data input by the local school district (Figure 7), makes available to R.E.A.D.S. clients the sophisticated medical resources of the Lakeville Hospital (Figure 8), and provides for a combination of school district, R.E.A.D.S., and parental contribution to any and all educational plan development.

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*The law requires re: Chapter 766 regulations that the following professional personnel participate in the development of an educational plan for a child with a special need: registered nurse, certified psychologist, medical doctor, referring classroom teacher, school department administrator, parent of child in question, and any additional specialist so required and permitted by parent.

FIGURE 7

R.E.A.D.S.
Regional Educational Assessment & Diagnostic Services, Inc.
Lakeville Hospital
Lakeville, Massachusetts 02346
(617) 947-3634

CHILD'S NAME____________________ AGE_______ DATE OF BIRTH________ SEX____

HOME ADDRESS____

PLACE OF BIRTH__________________ CITIZEN YES NO (CIRCLE)

LEGAL NEXT OF KIN NAME__________________ RELATIONSHIP_______________________

ADDRESS__________________ PHONE_________ HEALTH INSURANCE YES NO

REFERRING DISTRICT_________________ LEA CONTACT PERSON____________________ PHONE__________

PRESENT SCHOOL__________________ GRADE________ TEACHER__________________

REASON FOR REFERRAL____

____

____

SERVICE OPTIONS (CHECK)

1. ☐ Medical Evaluation
2. ☐ Medical evaluation with psychological consultation
3. ☐ Educational assessment with medical evaluation and psychological consultation

☐ Ancillary medical service (Specify)_______________________

ASSESSMENT RESULTS (CHECK)

☐ Discussion of findings with the parent and LEA representatives

☐ Completion of formal educational plan with the parents and LEA representatives (only possible on educational assessments in the diagnostic classroom)

(Results will be forwarded to LEA)

REFERRALS SHOULD BE ACCOMPANIED BY:

1. Home visit report using the Commonwealth of Massachusetts, Department of Education "Summary of Home Assessment".
2. Report of recent educational evaluation (unless child is being referred to the Diagnostic Classroom for this educational evaluation).
3. Results of recent individual intelligence testing (Wechsler or Binet).
4. Reports of previous evaluations (medical, educational or psychological).
5. If the child has been previously COREO, a statement of the educational plan already implemented.
6. PARENTS MUST ACCOMPANY THE CHILD TO R.E.A.D.S., INC. ON THE INITIAL EVALUATION DATE.

FIGURE 8

R.E.A.D.S., INC.
Out-Patient Admission

LAKEVILLE HOSPITAL

DEPT. OF PUBLIC HEALTH
LAKEVILLE, MA. 02346
TEL. 617-947-1231

- - - - - - - - - - - - - - - - - -
-FOR HOSPITAL USE ONLY - - - - - - -
-DATE ____________ -
-HOSPITAL NO. ____________ -
-ROOM NO. ____________ -
- - - - - - - - - - - - - - - - - -

DATE OF APPLICATION ____________

Name ____________ Age ______ Sex ______

Address ____________ Tel. No. ____________
City, Town State Zip

Marital Status: M S W D Sep.

Place of Birth ____________ Date of Birth ______ Occupation ______

Citizen ___ yes ___ no ________ Religion ________ Soc.Sec.# ________

Legal Next of Kin: Name ____________ Relationship ________

Address ____________ Tel. No. ____________
City, Town State Zip

- -

MEDICARE: Number ____________ Plan A ________ Plan B ________

MEDEX: Number ____________ Plan I ____ Plan II ____ Plan III ____

INSURANCE: Name ____________ Indiv. ______ Group ______ (specify)

Certificate or Policy No. ____________

Subscriber ____________ Relationship ____________

WELFARE: Town ____________ Suffix # ________ I.D.# ________

OTHER PAYMENT PLAN: Name & Address ____________

- -

Referred by: Name R.E.A.D.S., INC.

Address LAKEVILLE HOSPITAL, LAKEVILLE, MA. 02346

Complete Medical Record Should Be Sent To:

Name ____________

Address ____________

Name ____________

Address ____________

Clinic Request: ____________

Initial Diagnosis: ____________

Allocation of R.E.A.D.S. Service Units

With due regard for differences in the service requests of the twenty school communities, the executive director projected that R.E.A.D.S. during its first year would be able to accommodate two hundred seven (207) referrals, a referral constituting entitlement to any of the provided options (pp. 30-31).

Referral allocations (Figure 9) were assigned to each school district on the basis of its enrollment as of October 1, 1974.

R.E.A.D.S. GOES OPERATIONAL

The collaborative's capability to provide services was realized with commencement of the 1974-75 school year (September 5, 1974). However, due to local school system involvement with introductory demands of Chapter 766 implementation, R.E.A.D.S. did not become involved in the assessment dynamic until September 23, 1974. This date constituted the receipt by R.E.A.D.S. of its initial referred client.

FIGURE 9

R.E.A.D.S. Referred Pupil Allotments by School District
School Year 1974-75

District	Alloted Referrals
ABINGTON	16
BERKLEY	2
BRIDGEWATER	12
BRIDGEWATER-RAYNHAM REGIONAL	7
BRISTOL-PLYMOUTH REGIONAL VOCATIONAL TECHNICAL	3
DIGHTON-REHOBOTH REGIONAL	6
DIGHTON	4
EAST BRIDGEWATER	12
FREETOWN	3
FREETOWN-LAKEVILLE REGIONAL	9
HOLBROOK	14
LAKEVILLE	3
MIDDLEBOROUGH	18
RAYNHAM	8
REHOBOTH	7
TAUNTON	38
WAREHAM	16
WEST BRIDGEWATER	8
WHITMAN	13
WHITMAN-HANSON REGIONAL	8
	207

7

IMPACT OF R.E.A.D.S.

IMPACT OF R.E.A.D.S.

Though R.E.A.D.S., Inc. reasonably could be regarded as a creditable accomplishment, a meaningful appraisal dictates going beyond the bare accounting of its historical development to a citation of factors which afford a basis for estimating its merit as a productive organization.

Subscribing to this position, the writers intended originally to determine the impact of R.E.A.D.S. via a pre-post comparison of client (pupil) progress using accumulated standardized test or diagnostic evaluation data. Midway through the 1974-75 school year, however, such ambition was nullified by the legislative passage in Massachusetts of a code of regulations (Appendix H) which places considerable legal constraints on access to information that is incorporated into personal school records of a student.

In an effort to accommodate to this unanticipated occurrence, the writers offer these alternative criteria for evaluation:

1. extent of attainment of R.E.A.D.S. objectives as developed and endorsed by middle management;
2. judgmental ratings assigned to the various aspects of the R.E.A.D.S. program by professionals employed in the participating school districts and by parents whose children have received service from the diagnostic center; and,

3. a case study illustrative of R.E.A.D.S. responsiveness to the handicapped school child.

Attainment of Objectives

Data maintained at the offices of the collaborative and the communication (Appendix I) addressed to the writers* from its executive director constitute support for the belief that the nine objectives were largely realized during the first operational year. Each objective and the data relating to that objective are discussed in order:

Objective

1. The evaluation of 176 children at R.E.A.D.S. represents 85% of the 207 referrals projected to be completed by June, 1975.

   Of the 176 children, 93 were seen for educational and psychological assessment in the diagnostic classroom as well as for medical evaluation and 83 children were seen for medical assessments only. One indication of the thoroughness of these evaluations is the following numerical extent to which they included the scheduling of supportive ancillary diagnoses:

---

*During the cited school year, Herbert A. Drew, Jr. and Edward J. Lynch chaired middle management subcommittees devoted respectively to seeking funding support for the R.E.A.D.S. enterprise and to providing evaluative feedback of its operational effectiveness. These role responsibilities account for the received correspondence.

Diagnostic Services Appointments

Audiology	114
Ear, Nose & Throat	17
Ophthalmology	168
Neurology	75
Language	5
Dentistry	27
Orthopedics	2
Laboratory	157
Electroencephilogram	27
Neuropsychology	5
Psychiatry	1
Electrocardiogram	5
X-Ray	29

As a consequence of the contribution of the experienced and professionally credentialed R.E.A.D.S. staffing (Figure 10) the writers feel no timidity in crediting to these rendered assessments the status of high and distinctive quality.

Observation

R.E.A.D.S. delayed activation and the consequent reduction in the anticipated number of client referrals are circumstances attributable to community preoccupation with start-up school obligations (p. 36). To preclude the repetition of such developments, participating school districts have been tendered the opportunity to schedule pupil appointments in the month of

FIGURE 10

R.E.A.D.S. STAFF

1. Robert Hartman, Ph.D.: Licensed Psychologist; Executive Director
2. Mary Goodwin, M.D.: Board Certified Pediatrician; Medical Director
3. John Manning, M.D.: Board Certified Pediatrician; Chief of Pediatrics at Lakeville Hospital
4. Rudolph Toch, M.D.: Board Certified Pediatrician; on staff at Massachusetts General Hospital; in private practice
5. Mary Louise Payton, M.Ed.: Certified Special Education Teacher and School Psychologist; teacher in the diagnostic classroom
6. Wayne Tessier, B.A.: Senior Social Worker, Division of Civil Service
7. Patricia Nye, B.S.: Certified Physical Education Teacher
8. Flora McCoy, B.A.: Speech and Hearing Clinician
9. Suzanne Sargent, A.A.: Executive Secretary
10. Consulting Staff:
    - A. Timothy Goslee, M.D.: Board Certified Ophthalmologist in private practice
    - B. James Guinane, M.D.: Board Certified Pediatric Neurologist; Tufts University Medical Center
    - C. Jerome Haller, M.D.: Board Certified Pediatric Neurologist; Tufts University Medical Center
    - D. Andrew Dadagian, M.D.: Otolaryngologist, Morton Hospital*
    - E. Barbara Siegel, M.Ed.: Clinical Audiologist; Morton Hospital*

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*General Hospital located in city of Taunton, Massachusetts (largest participating school district in R.E.A.D.S. collaborative.)

FIGURE 10
(continued)

Consulting Staff (continued)

F. M. Michael Cohen, D.M.D.: Pediodontist; Boston Children's Hospital

G. James Reed, Ph.D.: Neuropsychologist; Tufts University Medical Center

H. David Henry, M.D.: Orthopedic Surgeon; Lakeville Hospital

I. Shelby Knapp, M.D.: Staff Pediatrician; Lakeville Hospital, Massachusetts Department of Public Health

J. Jose Delgado, M.D.: Board Certified Psychiatrist; Chief Psychiatrist, Brockton Hospital; private practice

K. Constance Johnson, R.N.: Staff Nurse; Massachusetts Department of Public Health, Lakeville Hospital

Principal advisor to the executive director on medical services:

George S. Watson, M.D., Superintendent, Lakeville Hospital, Board Certified Internist

June for evaluations that would be initiated at the outset of the following September. Quick utilization of this arrangement already has been effected assuring that R.E.A.D.S. will be involved in providing assessment services on the first day of the 1975-76 school year. Such maximal use is expected to assure the delivery of services to the total number of pupils projected for each member district.

2. R.E.A.D.S. first year per client cost of $498.08 compares favorably to the fee charges of highly reputed non-school allied diagnostic establishments located in the New England region.

   Such agencies characteristically do not provide their cost citations in published or advertised form. The writers, however, by virtue of telephone survey did determine from the Kennedy Memorial Hospital (Brighton, Massachusetts), the New England Medical Center Hospital (Boston, Massachusetts), and the Governor Medical Center (Providence, Rhode Island) that for evaluative services comparable to those provided by R.E.A.D.S. the costs at these private diagnostic facilities* range between $500 to $1,000 a client.

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*These urban-situated complexes are recognized regionally and nationally for the quality of their child-oriented diagnostic and rehabilitative programming.

3. The attainment of this objective would appear confirmed both by the explicit assertion of the R.E.A.D.S. executive director (Appendix I, p. 2, item c) and by the substantial responses of parents (Appendix L, item 3) who affirmed that they had been extended the opportunity to participate in the development of prescriptive educational plans for their evaluated children.

4. A preponderant 95% or 167 of the 176 referrals addressed to R.E.A.D.S. were processed within the thirty (30) working-day time frame prescribed by the Chapter 766 regulations.

   Those exceptions to the rule involved unusual cases requiring sophisticated medical resources not immediately available to the professional staff of the collaborative.

5. Included as an integral component of the well organized and securely maintained data-keeping system has been the recording of all its cases of low-incidence handicapping conditions, e.g. deaf, blind, physically and orthopedically crippled, etc.

Observation

The use of this data "to locate populations of children in need of specific services" resulted in a request from the Massachusetts Department of Education that R.E.A.D.S. explore the possibility of developing direct service programs for hearing impaired students residing in the southeastern region of the Commonwealth. In turn, the executive director of R.E.A.D.S. sought the assistance of the writers to formulate the development of such a program.

In short, as of September, 1975, a program for hearing impaired students of high school age will be inaugurated in the school district of Taunton, and a distinct preschool program for hearing impaired children will be initiated at the same time, in the public schools of Middleborough.

6. All original editions of pupil evaluation protocols are housed at the R.E.A.D.S. headquarters. Their availability and dissemination, however, are governed by the same state prescribed parameters[14] incumbent upon public school communities, a reality about which the executive director of R.E.A.D.S. perhaps was not cognizant at the time of his proferred response (Appendix I, p. 2, item f)

7. A program of in-service workshops was implemented by R.E.A.D.S., (Appendix I, addendum) during its first year though not attaining in terms of frequency of presentation the goal aspirations of the executive director who views their continued and increased provision as "an extremely important function of R.E.A.D.S.".

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[14] Board of Education, Commonwealth of Massachusetts, Regulations Pertaining to Student Records, Publication #8194.

Observation

For the school year just concluded, Dr. Hartman functioned both as the chief administrative officer of R.E.A.D.S. and as its principal consulting psychologist as circumstances frequently warranted. Understood from this perspective the incidence of available workshop sessions was as reasonable as could have been expected.

In June, 1975, the staff of R.E.A.D.S. was augmented by the employment of a full-time clinical psychologist for the collaborative. There is every expectation that this development will generate an increased scheduling of in-service contacts between the diagnostic staff and the teaching and administrative personnel of the member school districts.

8. Of all goals embraced, the evaluation of institutionalized children was the one least effected by R.E.A.D.S. during the school year 1974-75. The limitations of time and R.E.A.D.S. attention to the assessment needs of the public schools within the collaborative were offered as the prime reasons for this reported low functioning.

   Although the suggestion is made that such institutionalized handicapped children subsequently might be evaluated as a consequence of "better staff utilization" (Appendix I, p. 3, item h) the writers recommend to their middle management colleagues that serious consideration be given to whether this objective is one to which R.E.A.D.S. should continue to subscribe. To decide in the affirmative requires the employment of sufficient additional staff serving as field workers for R.E.A.D.S.

With less of an accommodation R.E.A.D.S., though very well intentioned, will be forced by the weight of its other obligations to continue offering only token assistance to institutionalized children.

9. The provision to member school districts of specific instructional and behavioral strategies in respect to the 93 children evaluated in the diagnostic classroom is deemed "one of the strongest components" of service rendered by R.E.A.D.S. this past school year (Appendix I, p. 3, item i).

   Such recommendations were made with due regard for the particular learning strengths and weaknesses of the diagnosed children and were accompanied by explicit citation of specific relevant instructional materials which could be used by the home-based teacher with a special needs youngster just returned from the evaluation center.

   The implementation of this objective was additionally characterized by routine, personalized contact of the diagnostic classroom teacher with the local district teacher to whom the assessed children were returned.

School Personnel and Parental Judgements

A vital dimension of the first-year experiences of R.E.A.D.S. would have to be the day-to-day relationships sustained with the collaborative by professionals from the referring school systems and by the parents of the children. Any appraisal would be less than complete which did not take into account the perceptions of such individuals respective to the diagnostic program. The writers, therefore, devised forms (Appendix J) to obtain feedback of judgments held separately by school personnel and parents about various aspects of the R.E.A.D.S. process.

The more lengthy instrument encouraged teachers and other school professionals to indicate their rating of R.E.A.D.S. services in terms of their quality*, understandability, relevance, applicability, and pupil behavioral impact.

The briefer instrument, requiring yes or no responses, offered opportunity for parents to endorse or reject the perpetuation of R.E.A.D.S. on the basis of such personalized experiences or perspectives as role involvement with its staff, estimation of the realism of its educational recommendations, and judgment as to its helping influence on their evaluated children.

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*In those components of the R.E.A.D.S. diagnostic evaluation for which school systems do not customarily employ counterpart professionals, e.g., doctor, dentist, neurologist, etc., no attempt was made to elicit responses regarding the quality of such components.

Both forms were disseminated through the middle management representation of R.E.A.D.S. during the interval of January-June, 1975. The pattern of returns is explained below:

School Personnel

265 program evaluations were submitted by 124 school employed specialists. 19 of the 20 school districts were represented by these responses and 134 individual pupil cases were involved. Enumerated in detail (Appendix K), all such data are more simply reflected in Figure 11 where excellent and satisfactory responses have been blended under the designated heading of positive and unsatisfactory or significant problem responses have been cited under the heading of negative. All figures, also, have been appropriately rounded.

For every category school specialists rated R.E.A.D.S. more positively than negatively although a wide variability prevails between the high 89% satisfaction registered for referral procedures and the low 3% satisfaction assigned to one of the ancillary medical components (III, D, 4).

FIGURE 11

PROFESSIONAL RESPONSES IN PERCENTAGES

	Positive	Negative	No Response
I. Referral System			
A. Ease	.89	.02	.09
B. Clarity - prerequisites	.85	.04	.11
C. Relevancy - intake	.83	.05	.12
D. Time lag	.83	.07	.10
II. Evaluations			
A. Medical			
1. Language clarity	.82	.08	.10
2. Relevancy	.76	.13	.11
3. Applicability	.69	.13	.18
4. Change in behavior	.54	.13	.33
B. Psychological			
1. Quality	.68	.06	.26
2. Language clarity	.69	.03	.28
3. Relevancy	.64	.06	.30
4. Applicability	.61	.07	.32
5. Change in behavior	.55	.03	.42
C. Education			
1. Quality	.71	.03	.26
2. Language clarity	.70	.01	.29
3. Relevancy	.66	.05	.29
4. Applicability	.64	.06	.30
5. Change in behavior	.57	.05	.38
III. Ancillary Medical Services			
A. Neurology			
1. Language clarity	.28	.02	.70
2. Relevancy	.30	.02	.68
3. Applicability	.27	.03	.70
4. Change in behavior	.23	.02	.75

FIGURE 11

(continued)

Professional (continued)	Positive	Negative	No Response
B. Ophthalmology			
1. Language clarity	.46	.02	.52
2. Relevancy	.42	.02	.56
3. Applicability	.37	.03	.60
4. Change in behavior	.28	.03	.69
C. Audiology			
1. Language clarity	.46	.02	.52
2. Relevancy	.43	.02	.55
3. Applicability	.38	.03	.59
4. Change in behavior	.32	.03	.65
D. Ear, Nose, Throat			
1. Language clarity	.06	.02	.92
2. Relevancy	.05	.01	.94
3. Applicability	.05	.00	.95
4. Change in behavior	.03	.00	.97
E. Language			
1. Language clarity	.22	.03	.75
2. Relevancy	.22	.03	.75
3. Applicability	.20	.02	.78
4. Change in behavior	.16	.01	.83
F. Dentistry			
1. Language clarity	.13	.00	.87
2. Relevancy	.09	.00	.91
3. Applicability	.06	.01	.93
4. Change in behavior	.05	.00	.95
G. Psychoneurology			
1. Language clarity	.08	.00	.92
2. Relevancy	.05	.01	.94
3. Applicability	.05	.01	.94
4. Change in behavior	.05	.00	.95

The preponderant satisfaction displayed for the referral activities and for the three basic medical, psychological, and educational evaluation units was accompanied, however, both by a much lessened approval for and an obviously sizable non-committal attitude toward the entire assortment of ancillary medical services.

One plausible explanation for the lack of response on items relating to ancillary services is that highly technical and abstruse medical terminology was used making it difficult or virtually impossible to decipher for educational use.

Admittedly, the evaluative schemata employed by R.E.A.D.S. during its first working year was primarily medical in its emphasis (Appendix I, p. 2, item c). In deference, however, to the reactions just noted the evaluative focus for R.E.A.D.S. has been revised by the executive director to place greater emphasis on the psychological-educational aspects beginning with September, 1975. The medical component will not be discounted but its productivity will be translated through a reporting procedure which, in being alert to the realities of school and classroom environments, will communicate information in pragmatic language familiar to the average educator.

Parents

Only one adult per family unit is represented by the 109 parents who submitted evaluations of the R.E.A.D.S. program. Appearing in detail (Appendix L), data from these returns representing 18 of the 20 school districts are plainly repeated in Figure 12 where parent reactions are represented by percentage citations. Parents responded positively to all categories of inquiry. Substantial satisfaction with the collaborative could be inferred from the 87% endorsement registered in regard to item 7. The steady growth of this statistic over the duration of the survey may have decidedly influenced the decision by the original school districts to continue their financial support of R.E.A.D.S.

FIGURE 12

PARENT RESPONSES IN PERCENTAGES

		Positive	Negative	No Response
I.	Satisfaction with evaluations	.89	.07	.04
II.	Results presented in understandable language	.90	.04	.06
III.	Opportunity to participate in educational planning	.79	.09	.12
IV.	Educational plan written in understandable language	.82	.00	.18
V.	Educational plan realistic	.86	.01	.13
VI.	Educational plan had improving effect on your child	.78	.03	.19
VII.	Should your school department continue to participate in the R.E.A.D.S. program	.88	.04	.08

Illustrative Case Study

The worth of any institution such as R.E.A.D.S. is determined by visible indications which demonstrate its effectiveness in helping clients who either directly seek out its assistance or who are referred to its attention.

R.E.A.D.S. not only provided skillful and sophisticated diagnostic evaluations for the 176 school children referred during the 1974-75 school year but participated significantly, as well, in the formulation of 176 individualized educational prescriptions.

The following case study is presented by the writers as illustrative of the positive impact effected by R.E.A.D.S. during its first operational year

Background Client Data

Sex: Male	Race: Black
D.O.B.: 12-15-67	Grade Placement: 2(as of 9/74)

Health: no documented physical or mental abnormalities

Educational History

1. Entered grade 1 in September, 1972. Exhibited difficult adjustment capability. Conduct typified by hyperactivity, aggressive reactions to peers, short attentive concentration, etc. Attendance moderated to half-day sessions to

accommodate to what school staff labeled "immature behavior".

2. Repeat enrollment in grade 1 in September, 1973. Continued exhibition of atypical behaviors.

3. Referral of child by school system for evaluation by psychiatrist in private practice.

4. Placement of child in a segregated class maintained for pupils classified as emotionally disturbed. All instruction provided by a certified teacher and an aide; no supportive back-up of educational recommendations provided by the psychiatric private practitioner. Child continues to exhibit abnormative behaviors and retarded educational performance.

5. Referred to R.E.A.D.S. October, 1974 for complete social, psychiatric, neurological, and pediatric work-up. Child assigned to diagnostic classroom for additional observation and psychological-educational evaluation.

6. Results of such experiences discussed in conference composed of R.E.A.D.S. staffing, the child's parents and teaching personnel of the involved school district.

7. Child, at the local community level, assigned to a resource teacher for individualized instructions in the basic tool subjects of reading and arithmetic. Integrated experiences with other school children structured in music, art and physical education activities.

   Counseling in crisis situations availed to child either by resource teacher or the attending school psychologist.

8. Family counseling maintained through the auspices of the community-situated mental health clinic. Monthly reporting and planning sessions conducted with the child's parents by the school psychologist and the teachers directly involved.

By the termination of the 1974-75 school year, the child under consideration had moved abreast of all academic grade level expectations. The plan for the ensuing school period is to integrate him fully into all regular classroom experiences. Resource room instruction and crisis counseling will be provided, if necessary. Reassessment is scheduled by R.E.A.D.S. during the 1975-76 school year.

CONCLUSION

R.E.A.D.S., Inc. as described in this paper became a vital component of service to school children in the southeastern region as the result of the common effort of many people to serve the handicapped school-aged child. The demonstrated contribution of R.E.A.D.S., as well as the assurance of its continued existence, is a result of this same collective industry and sustained commitment.

The writers are especially gratified to have contributed to the birth of R.E.A.D.S., to its formative development, and to its future opportunity to enhance the personal and educational welfare of the special needs child.

APPENDIX A

Chapter 766

59 - 74

Chap. 766. AN ACT FURTHER REGULATING PROGRAMS FOR CHILDREN REQUIRING SPECIAL EDUCATION AND PROVIDING REIMBURSEMENT THEREFOR.

Be it enacted, etc., as follows:

SECTION 1. The General Court finds that past development of special education programs has resulted in a great variation of services to children with special needs with some children having a greater educational opportunity than others in less favored categories or environments. The General Court further finds that past methods of labeling and defining the needs of children have had a stigmatizing effect and have caused special education programs to be overly narrow and rigid, both in their content and their inclusion and exclusion policies.

In the light of the policy of the commonwealth to provide an adequate, publicly supported education to every child resident therein, it is the purpose of this act to provide for a flexible and uniform system of special education program opportunities for all children requiring special education; to provide a flexible and non-discriminatory system for identifying and evaluating the individual needs of children requiring special education; requiring evaluation of the needs of the child and adequacy of the special education program before placement and periodic evaluation of the benefit of the program to the child and the nature of the child's needs thereafter; and to prevent denials of equal educational opportunity on the basis of national origin, sex, economic status, race, religion, and physical or mental handicap in the provision of differential education services.

This act is designed to remedy past inadequacies and inequities by defining the needs of children requiring special education in a broad and flexible manner, leaving it to state agencies to provide more detailed definitions which recognize that such children have a variety of characteristics and needs, all of which must be considered if the educational potential of each child is to be realized; by providing the opportunity for a full range of special education programs for children requiring special education; by requiring that a program which holds out the promise of being special actually benefits children assigned thereto; and by replacing the present inadequate and anti-equalizing formula for distribution of state aid for special education programs with an equalizing one which encourages cities, towns and regional school districts to develop adequate special education programs within a reasonable period of time.

Recognizing that professional services and resources must be made available to cities, towns and regional school districts on a regional basis if this act is to be implemented successfully, and within a reasonable period of time, this act strengthens and regionalizes the division of special education in the department of education and provides for and urges meaningful cooperation among agencies concerned with children with special needs.

Recognizing, finally, that present inadequacies and inequities in the provision of special education services to children with special needs have resulted largely from a lack of significant parent and lay involvement in overseeing, evaluating and operating special education programs, this act is designed to build such involvement through the creation of regional and state advisory committees with significant powers and by specifying an accountable procedure for evaluating each child's special needs thoroughly before placement in a program and periodically thereafter.

SECTION 2. Chapter 15 of the General Laws is hereby amended by adding after section 1L the following five sections: —

Section 1M. The powers and duties of the division of special education, established by section one F, shall include the following: (1) to regulate, consult with and assist school committees in the identification, classification, referral and placement of children requiring special education; (2) to regulate all aspects of, and assist with, the development of all special education programs supported in whole or in part by the commonwealth; (3) to coordinate the expertise of professionals from appropriate disciplines, both within and outside of the department and to be the coordinating agency for all state agencies providing educational assessment services and educational services to children requiring special education; (4) to compile data on, and to require all public schools and agencies and any private schools or agencies receiving any funds from the commonwealth to provide information relating to, all children requiring special education who reside in the commonwealth and on all available special education programs supported in whole or in part by the commonwealth; (5) to periodically review and analyze said data in order to evaluate said programs and to disseminate statistical data to any citizen or agency within the commonwealth upon request; provided, however, that records pertaining to individuals shall be kept confidential; (6) to develop public information programs regarding the nature and extent of special educational needs of children residing in the commonwealth and the availability of special education programs to meet those needs; (7) to develop and recommend to the board of education certification standards for educational personnel employed in special education programs and regulations to encourage greater use of ancillary personnel; (8) to cooperate with and assist public and private colleges and universities within the commonwealth in developing courses and programs best designed to prepare graduates to serve the educational requirements of children requiring special education; (9) to receive and investigate complaints and to conduct public and executive hearings with power of subpoena on behalf of an individual child or group of children receiving or requiring special education regarding any aspect of any special educational programs and to initiate its own investigation without a complaint; (10) to receive and allocate federal and state funds for programs for children requiring special education, subject to the priorities established by this section and chapter seventy-one B and such other additional priorities as may be established pursuant to section one P by the board of education; (11) to recommend to the board of education such rules, regulations and guidelines and to issue such directives as are necessary to carry out the purposes of sections one N to one Q, inclusive, and to execute other provisions of law relative to the administration of educational programs for children requiring or receiving special education; (12) to provide for the maximum practicable involvement of parents of children in special education programs in the planning, development, and evaluation of special education programs in the districts serving their children; (13) to approve the purchase, lease and maintenance of all special equipment for the instruction outside of the classroom of handicapped children for whom attendance in public school is not feasible and to regulate the conditions under which such a child may be considered so handicapped; (14) to investigate into and hold hearings upon prima facie denials of equal educational opportunities by reason of national origin, sex, economic status, race, religion, or physical or mental handicap of school aged children requiring special education as defined in section one of said chapter seventy-one B and thereafter issue such declaratory and injunctive orders as may be necessary to cure any actual denials of equal educational opportunities by reason of national origin, sex, economic status, race, religion, and physical or mental handicap of school aged children requiring special education; (15) to require public or private schools and educational agencies receiving any funds from the commonwealth to establish cost accounting and reporting procedures, forms, schedules, rates and audits in conformity with department standards; and to make reports to the department at such times, in such fashion and on such forms as the department may require; (16) to conduct or contract with any federal, state or private agency for the conduct of research and development projects designed to improve the quality of special education programs or increase the efficiency of such programs; (17) in the event of funding shortages, to allocate resources proportionately; (18) to provide for placement of children requiring special education into public schools or agency programs near their place of residence and to allow other placements in the event that suitable public programs or services can not be provided; (19) to take all steps, including but not limited to public hearings and investigations necessary to insure that state and local expenditures for special education provide the maximum feasible benefit to every child receiving or requiring special education; (20) to develop and recommend any appropriate parent or guardian counseling or educational programs which are deemed necessary for the educational development of a child with special needs; (21) to recommend to the board that it withhold funds for special education programs from cities, towns or school districts, private schools or agencies which do not comply with regulations or statutes related to special education programs or do not carry out plans for such compliance within a reasonable period of time provided; however, that nothing contained in this clause shall be construed to prevent the board from withholding state and federal funds to the extent it deems necessary as provided in section one G.

Section 1N. There shall be in the division of special education a sufficient number of bureaus to enable it to carry out its powers and duties under section one M, and the board of education, upon the recommendation of the commissioner of education and the associate commissioner for special education, shall appoint a director with experience in the education of children with special needs for each bureau. One bureau shall be responsible for holding hearings and conducting investigations pursuant to clauses (8), (13) and (18) of section one M, section one P and section three of chapter seventy-one B.

Section 1O. There shall be established in each of the department of education regional offices a regional branch of the division of special education. Each regional branch shall be headed by a director with experience in the education of children with special needs and who shall be appointed by the board of education upon the recommendations of the commissioner of education and the associate commissioner for special education. Said regional branch shall have the following functions: (1) to consult with and assist school committees in implementing the regulations, guidelines and directives of the department in the area of special education; (2) to directly assist school committees in identifying, diagnosing and evaluating children with special needs and in developing special education programs to meet their individual educational needs; (3) to approve all special education placements by school committees of children with special needs; (4) to assist and encourage the formation of joint agreements between two or more school committees for the provision of special education pursuant to section four of chapter seventy-one B; (5) to investigate and evaluate any special education program at the request of the department or on its own initiative; (6) to maintain a list and inform school committees of professional personnel within and without the region qualified to assess children with special needs pursuant to the provisions of section three of said chapter seventy-one B and to make such information available upon request to parents, guardians or persons with custody of such children; (7) to have such other responsibilities as may be delegated to it by the department.

Section 1P. There shall be established in each region a special education advisory council, hereinafter called the advisory council, consisting of at least sixteen members, appointed by the department in consultation with the director of said regional branch. At least eight of the members of an advisory council shall be parents who reside in the region, and whose children are enrolled in a special education program; provided, however, that no more than two parents on each such advisory council shall be parents of children who are not in public school day programs.

Each member shall be appointed for a term of three years. No member may be appointed for more than two consecutive terms. Each advisory council shall advise the regional branch regarding all aspects of special education programs within the region and shall submit a written report annually on the quality and adequacy of such programs to the state advisory commission established under section one Q. In addition to its other powers and duties, the advisory council shall hear and transmit to said state advisory commission, complaints and suggestions of persons interested in special education in the region. Members of each advisory council shall be granted access to special education programs and to information about such programs, subject to restrictions established by the board of education regarding confidentiality, and shall be assisted in carrying out their duties by the regional branch of the division of special education. Members of the advisory councils shall be reimbursed by the commonwealth for expenses necessarily incurred in the performance of their duties.

Section 1Q. There shall be established in the department a state advisory commission for special education, hereinafter called the commission.

Each special education advisory council established pursuant to section one P shall elect two representatives to the commission, at least one of whom shall be a parent or guardian whose child is receiving special education.

The commissioners of the departments of mental health, public health and public welfare shall each appoint a representative to serve as ex officio members of the commission. Members of the commission shall be reimbursed for expenses which are necessarily incurred in the performance of their duties. The commission shall annually submit a report to the department evaluating the quality and adequacy of special education programs in the commonwealth and recommending improvements in those programs. The department shall implement the recommendations of the commission or shall state in a written reply to said commission the reasons why such recommendations can not or should not be implemented. In such circumstances, the bureau responsible for hearing complaints and conducting investigations in the division of special education pursuant to section one N shall attempt to resolve the disagreement informally; provided, however, if a settlement cannot be reached the state board of education shall conduct public hearings to investigate the bases for the disagreement and resolve any dispute between the department and the commission.

SECTION 3. The second sentence of section 35 of chapter 41 of the General Laws, as appearing in section 2 of chapter 143 of the acts of 1937, is hereby amended by inserting after the word "officers", in line 3, the following words: — ; provided, however, reimbursements made to a city or town under section thirteen of chapter seventy-one B shall be made to the school committees of such cities and towns and shall be used for special education programs pursuant to said chapter seventy-one B without further appropriation.

SECTION 4. Section 53 of chapter 44 of the General Laws is hereby amended by striking out the first sentence and inserting in place thereof the following sentence: — All moneys received by any city, town or district officer or department, except as otherwise provided by section thirteen of chapter seventy-one B and by special acts and except fees provided for by statute, shall be paid by such officers or department upon their receipt into the city, town or district treasury.

SECTION 5. Subsection (*b*) of section 18A of chapter 58 of the General Laws is hereby amended by striking out paragraph (3), as most recently amended by section 3 of chapter 1005 of the acts of 1971, and inserting in place thereof the following paragraph: —

(3) On or before November twentieth, the reimbursement for the special education programs required to be paid by the commonwealth under chapters seventy-one A and seventy-one B.

SECTION 6. The third sentence of the second paragraph of section 7C of chapter 69 of the General Laws, as appearing in section 2 of chapter 403 of the acts of 1960, is hereby amended by striking out the words "of the mentally retarded", in line 5.

SECTION 7. The third sentence of the second paragraph of section 7D of said chapter 69, as appearing in chapter 702 of the acts of 1963, is hereby amended by striking out the words "of the mentally retarded", in line 4.

SECTION 8. Sections twenty-six to twenty-nine E, inclusive, and sections thirty-two to thirty-four, inclusive, of said chapter sixty-nine are hereby repealed.

SECTION 9. Paragraph (*c*) of section 2 of chapter 70 of the General Laws, as most recently amended by section 6 of chapter 871 of the acts of 1970, is hereby further amended by striking out the words, "for special classes for the physically handicapped and the mentally retarded", in lines 4 and 5.

SECTION 10. Sections forty-six to forty-six B, inclusive, sections forty-six D to forty-six F, inclusive, and sections forty-six H to forty-six M, inclusive, of chapter seventy-one of the General Laws are hereby repealed.

SECTION 11. The General Laws is hereby amended by inserting after chapter 71A the following chapter: —

CHAPTER 71B

CHILDREN WITH SPECIAL NEEDS

Section 1. The following words as used in this chapter shall, unless the context requires otherwise, have the following meanings: "Department", the department of education; "School age child", any person of ages three through twenty-one who has not attained a high school diploma or its equivalent; "School age child with special needs", a school age child who, because of temporary or more permanent adjustment difficulties or attributes arising from intellectual, sensory, emotional, or physical factors, cerebral dysfunctions, perceptual factors, or other specific learning disabilities or any combination thereof, is unable to progress effectively in a regular school program and requires special classes, instruction periods, or other special education services in order to successfully develop his individual educational potential; "Regular education", the school program and pupil assignment which normally leads to college preparatory or technical education or to a career; "Special education", educational programs and assignments, namely special classes, programs or services designed to develop the educational potential of children with special needs including but not limited to educational placements of children by school committees, the departments of public health, mental health, and youth services and the division of family and children's services in accordance with the regulations of the department of education; "School age child requiring special education", any child with special needs who requires special education as determined in accordance with the regulations set forth by the department.

Section 2. The department shall promulgate, in cooperation with the departments of mental health, public health and welfare, regulations regarding programs for children with special needs including but not limited to a definition of special needs; provided, however, that such definition shall emphasize a thorough narrative description of each child's developmental potential so as to minimize the possibility of stigmatization and to assure the maximum possible development of a child with special needs, and, provided further, that such definition shall be sufficiently flexible to include children with multiple special needs. Children receiving or requiring special education shall be entitled to participate in any of the following programs: (1) additional direct or indirect instruction consultation service, materials, equipment or aid provided children or their regular classroom teachers which directly benefits children requiring special education; (2) supplementary individual or small group instruction or treatment in conjunction with a regular classroom program; (3) integrated programs in which children are assigned to special resource classrooms but attend regular classes to the extent that they are able to function therein; (4) full-time special class teaching or treatment in a public school building; (5) teaching or treatment at home; (6) full-time teaching or treatment in a special day school or other day facility; (7) teaching or treatment at a hospital; (8) teaching or treatment at a short or long term residential school; (9) occupational and pre-occupational training in conjunction with the regular occupational training program in a public school; (10) occupational and pre-occupational training in conjunction with full-time special class teaching in a public school building, at home, special day school or other day facility, hospital, or short or long-term residential school; (11) any combination or modification of programs (1) through (10) or other programs, services, treatments or experimental provisions which obtain the prior approval of the department.

Admission to such programs on the pre-school level at an earlier age than at which schooling is ordinarily provided shall be regulated by the department in conjunction with the departments of public health and mental health and shall be restricted to children with substantial disabilities who are judged by said departments to require such programming.

No child shall be assigned to a special education class unless it is first determined by an evaluation of the child's needs and the particular special education program that the child is likely to benefit from such program; periodically thereafter, and in no event less often than annually the child and his program shall be reevaluated to determine whether said child is benefiting from such program in accordance with the procedures set forth in section three. In the event that said program is not benefiting the child and that another program may benefit the child more, or said program has benefited the child sufficiently to permit reassignment, the child shall be reassigned, and in the event of consistent failure of a program to benefit children there assigned, the program shall be abolished or altered.

Section 3. In accordance with the regulations, guidelines and directives of the department issued jointly with the departments of mental health and public health and with assistance of the department, the school committee of every city, town or school district shall identify the school age children residing therein who have special needs, diagnose and evaluate the needs of such children, propose a special education program to meet those needs, provide or arrange for the provision of such special education program, maintain a record of such identification, diagnosis, proposal and program actually provided and make such reports as the department may require. Until proven otherwise every child shall be presumed to be appropriately assigned to a regular education program and presumed not to be a school age child with special needs or a school age child requiring special education.

No school committee shall refuse a school age child with special needs admission to or continued attendance in public school without the prior written approval of the department. No child who is so refused shall be denied an alternative form of education approved by the department, as provided for in section ten, through a tutoring program at home, through enrollment in an institution operated by a state agency or through any other program which is approved for the child by the department.

No child shall be placed in a special education program without prior consultation, evaluation, reevaluation, and consent as set forth and implemented by regulations promulgated by the department.

Within five days after the referral of a child enrolled in a regular education program by a school official, parent or guardian, judicial officer, social worker, family physician, or person having custody of the child for purposes of determining whether such child requires special education, the school committee shall notify the parents or guardians of such child in writing in the primary language of the home of such referral, the evaluation procedure to be followed, and the child's right to an independent evaluation at clinics or facilities approved by the department under regulations adopted jointly by the department and the departments of mental health and public health and the right to appeal from any evaluation, first to the department, and then to the courts.

Within thirty days after said notification the school committee shall provide an evaluation as hereinafter defined. Said evaluation shall include an assessment of the child's current educational status by a representative of the local school department, an assessment by a classroom teacher who has dealt with the child in the classroom, a complete medical assessment by a physician, an assessment by a psychologist, an assessment by a nurse, social worker, or a guidance or adjustment counselor of the general home situation and pertinent family history factors; and assessments by such specialists as may be required in accordance with the diagnosis including when necessary, but not limited to an assessment by a neurologist, an audiologist, an ophthalmologist, a specialist competent in speech, language and perceptual factors and a psychiatrist.

The department jointly with the departments of mental health and public health shall issue regulations to specify qualifications for persons assessing said child.

These departments through their joint regulations may define circumstances under which the requirement of any or all of these assessments may be waived so long as an evaluation appropriate to the needs of the child is provided.

Those persons assessing said child shall maintain a complete and specific record of diagnostic procedures attempted and their results, the conclusions reached, the suggested courses of special education and medical treatment best suited to the child's needs, and the specific benefits expected from such action. A suggested special education program may include family guidance or counseling services. When the suggested course of study is other than regular education those persons assessing said child shall present a method of monitoring the benefits of such special education and conditions that would indicate that the child should return to regular classes, and a comparison of expected outcomes in regular class placement.

If a child with special needs requires of a medical or psychological treatment as part of a special education program provided pursuant to this section, or if his parent or guardian requires social services related to the child's special needs, such treatment or services, or both, shall be made available, in accordance with regulations promulgated jointly by the departments of education, mental health, public health and public welfare in connection with the child's special education program. Reimbursement of the costs of such treatment or services or both shall be made according to the provisions of section thirteen.

Upon completion of said evaluation the child may obtain an independent evaluation from child evaluation clinics or facilities approved by the department jointly with the departments of mental health and public health or, at private expense, from any specialists.

The written record and clinical history from both the evaluation provided by the school committee and any independent evaluation, shall be made available to the parents, guardians, or persons with custody of the child. Separate instructions, limited to the information required for adequate care of the child, shall be distributed only to those persons directly concerned with the care of the child. Otherwise said records shall be confidential.

The department may hold hearings regarding said evaluation, said hearings to be held in accordance with the provisions of chapter thirty A. The parents, guardians, or persons with custody may refuse the education program suggested by the initial evaluation and request said hearing by the department into the evaluation of the child and the appropriate education program. At the conclusion of said hearing, with the advice and consultation of appropriate advisory councils established under section one P of chapter fifteen, the department may recommend alternative educational placements to the parents, guardians or persons with custody, and said parents, guardians and persons with custody may either consent to or reject such proposals. If rejected, and the program desired by the parents, guardian or person with custody is a regular education program, the department and the local school committee shall provide the child with the educational program chosen by the parent, guardian or persons with custody except where such placement would seriously endanger the health or safety of the child or substantially disrupt the program for other students. In such circumstances the local school committee may proceed to the superior court with jurisdiction over the residence of the child to make such showing. Said court upon such showing shall be authorized to place the child in an appropriate education program.

If the parents, guardians or persons with custody reject the educational placements recommended by the department and desire a program other than a regular education program, the matter shall be referred to the state advisory commission on special education to be heard at its next meeting. The commission shall make a determination within thirty days of said meeting regarding the placement of the child. If the parents, guardians or person with custody reject this determination, they may proceed to the superior court with jurisdiction over the residence of the child and said court shall be authorized to order the placement of the child in an appropriate education program.

During the course of the evaluations, assessments, or hearings provided for above, a child shall be placed in a regular education program unless such placement endangers the health or safety of the child or substantially disrupts such education program for other children.

No parent or guardian of any child placed in a special education program shall be required to perform duties not required of a parent or guardian of a child in a regular school program.

Within ten months after placement of any child in a special education program, and at least annually thereafter the child's educational progress shall be evaluated as set forth above. If such evaluation suggests that the initial evaluation was in error or that a different program or medical treatment would now benefit the child more, appropriate reassignment or alteration in treatment shall be recommended to the parents, guardians or persons having custody of the child. If the evaluation of the special education program shows that said program does not benefit the child to the maximum extent feasible, then such child shall be reassigned.

Evaluations and assessments of children and special education programs shall remain confidential and be used solely for the administration of special education in the commonwealth, including, but not limited to, inspection by the department and regional and state advisory councils to insure that every special education program does benefit the children there assigned.

Section 4. The school committee of any city, town or school district may, to meet its obligations under section three, with the approval of the department enter into an agreement with any other school committee to jointly provide special education or, subject to the consent of the parent or guardian affected thereby and subject to constitutional limitations, may enter into an agreement with any public or private school, agency, or institution to provide the necessary special education within the city, town or school district.

In the case of an agreement between school committees to jointly provide special education, said agreement shall designate one city, town or school district as the operating agent. Funds received by such operating agent from other cities, towns or school districts or appropriated by such operating agent for the purposes of such agreement, in addition to gifts and grants shall be deposited with and held as a separate account by its treasurer. The school committee may apply said funds to the costs of programs operated pursuant to the agreement without further appropriation.

Section 5. Any school committee which provides or arranges for the provision of special education pursuant to the provisions of section three shall pay for such special education personnel, materials and equipment, tuition, room and board, transportation, rent and consultant services as are necessary for the provision of such special education.

A school committee which incurs costs or obligations as a result of section five of chapter one hundred and seventy-one B of the General Laws, inserted by section eleven of this act, shall include within its budget for its fiscal year which includes September first, nineteen hundred and seventy-three, and annually thereafter, an amount of money to comply with the provisions of said chapter. Said amount shall be added to the annual budget appropriation for school purposes in each city or town and shall be a portion of the amount necessary in such city or town for the support of public schools for the purposes of, and enforceable pursuant to, section thirty-four of chapter seventy-one, notwithstanding any general or special laws or charter provisions which limit the amount of money that may be appropriated in any city or town for school purposes.

Section 6. School committees shall annually report to the department, pursuant to regulations promulgated by the department, the assignment by sex, national origin, economic status, race and religion, of children by age level to special education classes and the distribution of children residing in the district by sex, national origin, economic status, race and religion of children by age level. Within any school district if in any special education program there is a pattern of assignment throughout the district on the basis of sex, national origin, economic status, race or religion of the students which is substantially disproportionate from the distribution, the department shall notify such school district of its prima facie denial of equal educational opportunities. The department shall hold public hearings to investigate into such prima facie denial, at which hearings the local school district must show that such disproportion is necessary to promote a compelling education interest of the children affected and of the commonwealth. If the local school district fails to make such showing, a denial of equal educational opportunities shall be declared by the department and it shall order said district to submit a plan to eliminate such denial to be effective for the school year immediately following such declaration and order. If in the view of the department the plan submitted is inadequate, or if implementation of said plan proves inadequate, the department may request the attorney general to proceed to the superior court for all necessary injunctive and other relief. If such prima facie denial has continued without elimination for a period of two consecutive years in any school district, any person residing in such school district may bring suit in the superior court of his residence to determine whether there is such adequate justification for the prima facie denial, and in the event there is not, to obtain the necessary and appropriate injunctive or other relief.

Section 7. No results of standardized or local tests of ability, aptitude, attitude, affect, achievement, or aspiration may be used exclusively in the selection of children for referral, diagnosis, or evaluation. Such tests must be approved by the department in accordance with regulations issued by the board to insure that they are as free as possible from cultural and linguistic bias or, wherever necessary, separately evaluated with reference to the linguistic and cultural groups to which the child belongs.

Section 8. If a school age child with special needs attends a school approved by the department within or without the city or town of residence of the parent or guardian, the school committee of the town where the child resides may be required by the department to provide transportation once each day including weekends where applicable to and from such school while the child is in attendance. The city or town providing transportation under this section shall be reimbursed according to the provisions of section thirteen.

Section 9. The department, after consultation with the departments of mental health and public health, shall define the circumstances in which school committees may be required to provide special classes, instruction periods or other special education programs for school age children with special needs and shall provide standards for class size, curriculum, personnel and other aspects of special education for such children.

Section 10. The department may, on an annual renewal basis, upon the request of the parents or guardians and the recommendations of a local school committee and a regional branch of the division of special education, and with the approval of the secretary of educational affairs refer children requiring special education to any institution within or without the commonwealth which offers curriculum, instruction and facilities which are appropriate to the child's needs and which are approved by the department under regulations prescribed by the departments of education, mental health and public health. The curriculum at such an institution must for approval be equivalent, insofar as the department deems feasible, to the curriculum for children of comparable age and ability in the public schools of the commonwealth.

Before acting on said request the department shall determine the nature and extent of a child's special needs, shall require the local school committee and regional advisory council to prepare and submit plans detailing the time needed to establish facilities adequate for children with special needs in the city, town or school district where the child resides, and shall ascertain whether adequate facilities and instruction programs are available or when adequate facilities can be made available in the city, town or school district where the child with special needs resides. Until adequate facilities can be made available, such child shall be placed in the most adequate program available as determined by the department. The department shall further define by regulation the circumstances in which it shall be directly responsible for the placement of children in such special education programs, and by standards available to the public determine the methods and order of such placements; provided, however, that no child shall be denied access to any program operated by the department of mental health, public health or public welfare to which in the judgment of the operating department the child should be admitted.

The expenses of the instruction and support actually rendered or furnished to such children with special needs, including their necessary travelling expenses, whether daily or otherwise, but not exceeding ordinary and reasonable compensation therefor, may be paid by the commonwealth; but the department shall issue regulations jointly with the departments of mental health, public health, youth services and public welfare defining the circumstances in which the commonwealth shall bear all or part of such cost, the circumstances in which school committees shall be required to bear part or all of such cost, and the circumstances in which a parent or guardian may be required to reimburse the commonwealth for part or all of such cost; provided, however, that in no event shall the cost to the school committee for placement under this section be less than the average per pupil cost for pupils of comparable age within the city, town or school district; and, provided further, that in determining the cost to the parent or guardian, if any, no charge shall be made for any educational cost but only for support and care. In determining the cost to the parent or guardian the department shall apply criteria which take into account relative ability to pay.

The department shall direct and supervise the education of all such children, and the commissioner of education shall state in his annual report their number, the cost of their instruction and support, the manner in which the money appropriated therefor has been expended, to what extent reimbursed and such other information as he deems important.

Nothing contained herein shall affect the continued authority of the departments of mental health and public health over all non-educational programs and all treatment for residents or patients in institutions under their control.

Section 11. The department is hereby authorized to coöperate with cities and towns which establish recreation programs for school age children with special needs.

Such programs shall be under the direction and approval of the division of special education, and the department shall reimburse said cities and towns for one half of the cost thereof, including transportation of said children to and from the site of such program on each day said program is held. The department shall also fully reimburse a city or town in which said children are residents for the cost of transportation to and from recreation programs at any state facility whose recreation programs are approved by the department for the purposes of this section.

Section 12. The department shall establish and maintain a school department for school-age children in each institution under the control of the departments of mental health, public health and youth services which provides support and care for resident children with special needs, acting jointly with the department which has control over the particular institution; provided, however, that appropriations for the administration of said school departments shall be administered by the department of education.

Each such school department shall be administered by a director, appointed jointly by the commissioner of education and the superintendent of said institution.

Each such school department shall have such staff as the department and the department which administers the institution involved deem appropriate.

Such school departments shall operate pursuant to regulations established jointly by the department and the department which administers said institution. Nothing contained herein shall affect the continued authority of departments operating such institutions over all non-educational programs and all treatment for residents or patients in institutions under their control.

The director and staff of such school departments shall be employees of the department of education, which shall assume the costs of all aspects of the educational programs in such departments. Said school departments may operate twelve months of the year. The salaries of school department personnel shall be paid at a rate at least equivalent to that of the average statewide public school salaries for comparable personnel employed in the public schools, as adjusted to account for the longer school year in the school departments. The total employee benefits accruing to such personnel in vacation, sick leave, tenure, and retirement benefits shall be similarly comparable to those of public school personnel, as adjusted to account for the longer school year in the school departments. Nothing contained herein shall operate to remove from employment any educational personnel already employed by any institution now under the administration of the department of mental health, public health or youth services, or to reduce their salaries or other employee benefits.

The per capita expenditure on education programs in such school departments shall be equivalent to or higher than the average expenditure for special education programs in the public schools of the commonwealth less the average transportation costs. Said average expenditure shall be computed annually by the department of education.

The city, town or regional school district in which each school-age child in any institution described hereinabove would normally be eligible to attend school shall pay to the commonwealth the costs of the education of said child in the school department of said institution in an amount determined according to the regulations issued under section ten; provided, however, that said payment for each such child shall not be less than its average per pupil cost for pupils of comparable age within the said city, town or school district. The amount due the commonwealth each year shall be deducted from the annual distribution to said city, town or school district pursuant to section eighteen A of chapter fifty-eight.

Section 13. The cost of instruction, training and support, including the cost of special education personnel, materials and equipment, tuition, transportation, rent and consultant services, of the children in special classes, instruction periods or other programs provided under section three shall, for the amount by which such costs exceed the average per pupil expenditure of the city, town or school district for the education of children of comparable age, be reimbursed by the commonwealth to the city, town or school district as provided in section eighteen A of chapter fifty-eight; provided however, that the amount of such reimbursement for each special education pupil in the city, town or school district shall not exceed one hundred and ten per cent of the applicable state average expenditure for each special education pupil minus the state average expenditure per public school pupil. In determining the applicable state average expenditure for each special education pupil for the purposes of this section the department shall differentiate between types of programs on the basis of the amount of time a child requires special programs outside of the regular classroom to meet his particular needs and the ratio of personnel to pupils required for such programs. Such reimbursement shall be made only after approval and certification by the department that such expenditures are reasonable and that funds for such special education personnel, materials and equipment, tuition, transportation, rent and consultant services were actually expended and that such special education classes, instruction periods and other programs have met the standards and requirements prescribed by the department. The costs for each special education pupil shall be "reimbursable expenditures" within the meaning of chapter seventy, in an amount not to exceed the average per pupil expenditure for said city, town, or school district, and shall be reimbursed under said chapter.

The department shall reimburse a city or town in which a child resides who attends a clinical nursery school established under section twenty-seven of chapter nineteen or a child, who, because of insufficient classroom space in a clinical nursery school, attends a clinical nursery school, day care center or other institution for the care, education or treatment of retarded children conducted by an accredited school or college within the commonwealth, as provided in said section twenty-seven, or a retarded person who attends an educational, habilitational or day care program or facility of the department of mental health, as provided under section twenty-eight of said chapter nineteen, by paying one half of the cost of the transportation of each such child and the full cost of each such adult to and from such educational, habilitational or day care program or facility, as the case may be, one each day said school is in session.

Any reimbursements made to cities and towns under this section shall be made to the school committees of such cities and towns and shall be applied to the costs of programs provided for under this chapter without further appropriation.

Section 14. The state treasurer shall annually, on or before November twentieth, pay, under paragraph (3) of subsection (b) of section eighteen A of chapter fifty-eight, to any city or town or regional school district such sums as may be certified by the commissioner of education on account of special equipment purchased, leased and maintained or of classes or special instruction periods conducted as provided in section two.

SECTION 12. The first sentence of section 1 of chapter 76 of the General Laws, as amended by chapter 400 of the acts of 1950, is hereby further amended by inserting in line 22 after the word, "impracticable," the words, "subject to the provisions of section three of chapter seventy-one B".

SECTION 13. Said chapter 76 is hereby amended by striking out section 11 and inserting in place thereof the following section: —

Section 11. Any city or town which provides instruction to any child who is a resident of an institution and who was not theretofore a resident of such city or town may recover from the commonwealth the school expense incurred by reason of the school attendance of such child to be determined jointly by the school committee of such city or town and the department of education or, in case of their disagreement, by the probate court. The amount recoverable by a city or town under this section shall be limited to the annual per pupil cost of education as determined under section seven and no costs shall be reimbursed under this section which are reimbursable under section thirteen of chapter seventy-one B.

SECTION 14. The definition of "approved school projects" in section 5 of chapter 645 of the acts of 1948 is hereby amended by inserting after the second sentence the following sentence: — No school construction project shall be an approved school project unless and until the school building assistance bureau and the division of special education in the department of education are satisfied that adequate provisions have been made for children with special needs as defined in section one of chapter seventy-one B of the General Laws.

SECTION 15. The secretaries of the executive offices of human services and education shall jointly submit an annual report to the governor and the general court evaluating the success with which the departments under their administration have cooperated in the implementation of this act together with any recommendations for improving the ability of the commonwealth to meet the needs of children with special needs.

SECTION 16. A child who is in a special education program as of the effective date of this act shall be presumed to be appropriately assigned to said program until an evaluation pursuant to the provisions of section three of chapter seventy-one B of the General Laws, inserted by section eleven of this act, indicates that another program would benefit said child more.

SECTION 17. No child with special needs in a special education program on the effective date of this act shall be removed from said program he is in without the written consent of the parents, guardians, or persons with custody of said child.

SECTION 18. A school committee shall not be responsible for more than the average per pupil cost for pupils of comparable age within the respective city, town or school district as its share of the cost of continuing placement for those children with special needs enrolled in an institution with his tuition paid by the commonwealth as of the effective date of this act.

SECTION 19. Departments issuing regulations pursuant to chapter seventy-one B of the General Laws, inserted by section eleven of this act, shall make such regulations available at least six months prior to the effective date of the act for review by a committee appointed by the board of education for such purpose. Said committee shall be representative of the several types of institutions now serving children with special needs, both public and private, and shall include members experienced in providing educational services to the several existing categories of special needs. Said committee shall further include members who are parents of children with special needs, both in public programs and private programs, members who are regular classroom teachers, members who are teachers primarily of children with special needs and members representing any other groups directly affected by this act or having expertise in the implementation of programs for children with special needs. Said committee shall include for each statutory category of children with special needs on the effective date of this act at least one member knowledgeable and experienced in working with such category of children.

SECTION 20. The members of a regional special education advisory council, established by section two of this act, first created shall consist of five members appointed for a one year term, five members appointed for a two year term, and six members appointed for a three year term.

SECTION 21. The amount reimbursed to a city, town or school district under section thirteen of chapter seventy-one B of the General Laws, inserted by section eleven of this act, combined with reimbursements for special education programs under chapter seventy of the General Laws shall not be less than reimbursements for special education programs received for the fiscal year nineteen hundred and seventy-four, until and unless said city, town or school districts qualifies for a lesser amount after September first, nineteen hundred and seventy-nine.

SECTION 22. The provisions of this act are severable and if any provision shall be held unconstitutional by any court of competent jurisdiction, the decisions of such court shall not affect or impair any of the remaining provisions.

SECTION 23. This act shall take effect on September first, nineteen hundred and seventy-four. *Approved July 17, 1972.*

APPENDIX B

Listing of Member School Districts

Appendix B

R.E.A.D.S. Member School Districts as of 10-1-73*

	Enrollment
ABINGTON	3,210
BERKLEY	460
BRIDGEWATER	2,319
BRIDGEWATER-RAYNHAM	1,391
BRISTOL-PLYMOUTH	527
DIGHTON-REHOBOTH	1,098
DIGHTON	812
EAST BRIDGEWATER	2,384
FREETOWN	543
FREETOWN-LAKEVILLE	1,679
HOLBROOK	2,884
LAKEVILLE	535
MIDDLEBOROUGH	3,596
RAYNHAM	1,612
REHOBOTH	1,457
TAUNTON	8,126
WAREHAM	3,770
WEST BRDIGEWATER	1,660
WHITMAN	2,649
WHITMAN-HANSON	1,521
	41,773

*State Department of Education regulatory demand: annual school census data is reported as of 10-1 annually.

APPENDIX C

Job Description/Executive Director

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APPENDIX C

JOB DESCRIPTION

Project R.E.A.D.S., Inc.

Title: Executive Director

Qualifications:

1. Master's Degree
2. Background in psychology, education and medical disciplines
3. Administrative experience
4. Knowledge of State and Federal regulations regarding students with special needs
5. Appropriate academic and professional affiliation
6. Such alternatives to the above list as the Board of Directors may find appropriate and acceptable

Reports to:

Board of Directors

Supervises:

Project R.E.A.D.S., Inc., Staff

Job Goal:

To develop and implement effective diagnostic services involving both medical and educational components and to interpret such assessments in cooperation with the individual participating school districts.

Performance Responsibilities:

Executive Director will:

1. Coordinate evaluations with R.E.A.D.S. staff and participating school districts;
2. Develop public and private funding projects to sustain and expand services of Project R.E.A.D.S.;
3. Serve as chairman of Project R.E.A.D.S. evaluation team;
4. Interpret evaluations to participating school districts;
5. Develop additional components of Project R.E.A.D.S. as need dictates;
6. Administer fiscal affairs of Project R.E.A.D.S.;
7. Develop procedures and service package for utilization of Project R.E.A.D.S.;
8. Prepare Annual Report for Board of Directors' Meeting;
9. Develop data management to summarize and evaluate the effectiveness of Project R.E.A.D.S.;
10. Meet with Middle Management Committee on a monthly basis;
11. Recruit and screen prospective staff of Project R.E.A.D.S.;
12. Make recommendations regarding the employment policy, salaries, termination of services, and general conditions of employment of Project R.E.A.D.S. staff;
13. Demonstrate a working knowledge of special needs services in participating school districts, and identify resources for implementing educational plans.

Terms of Employment:

To be negotiated with the Board of Directors prior to employment.

Evaluation:

Performance of this job will be evaluated annually in accordance with provisions of the Board of Directors of R.E.A.D.S., Inc.

APPENDIX D

Job Scope/Executive Director

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APPENDIX D

Availability of Position

R.E.A.D.S.

Regional Educational Assessment & Diagnostic Services, Inc.
Lakeville Hospital
Lakeville, Massachusetts 02346

Title: Executive Director

Qualifications:

1. Master's Degree
2. Background in psychology, education and medical disciplines
3. Administrative experience
4. Knowledge of State and Federal regulations regarding students with special needs
5. Appropriate academic and professional affiliation
6. Such alternatives to the above list as the Board of Directors may find approporiate and acceptable

Job Goal:

To develop and implement effective diagnostic services involving both medical and educational components and to interpret such assessments in cooperation with the individual participating school districts.

Salary Range:

$15,000 - $20,000 depending upon applicant's background and qualifications

Work Year:

Twelve months, one month vacation

Description:

Project R.E.A.D.S. - collaborative serving twenty (20) school districts in Southeastern Massachusetts with a total school population of approximately 40,000 children.

It is to be located on the grounds of the Lakeville Hospital, Lakeville, Massachusetts. The design is to assist its member school districts in obtaining comprehensive diagnostic evaluations and assessments for selected special needs populations as delineated by Chapter 766 of the Massachusetts Acts of 1972. The major role of the executive director will be coordination of psychological, medical and educational evaluations.

Letters of interest, including resumes and references, should be forwarded to:

Chairman
Screening Committee
Project R.E.A.D.S., Inc.
c/o Lakeville Hospital
Lakeville, Massachusetts 02346

APPENDIX E

Professional Vita

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APPENDIX E

Professional Vita

Executive Director: R.E.A.D.S.

Name

Robert K. Hartman

Education

B.S.	Pennsylvania State University, 1964 Psychology
M.A.	University of Connecticut, 1968 School Psychology
Ph.D.	University of Connecticut, 1970 Educational Psychology

Experience

1968-1970	School Psychologist; Manchester, Conn.
1970-1971	School Psychologist; Darien, Conn.
1971-1972	School Psychologist and teacher of Darien High School courses in psychology; Darien, Conn.
1972-1973	Coordinator of Special Education; Darien, Conn.
1970-1973	Part-time graduate faculty; Bridgeport, Conn. (6 hrs/semester) University of Bridgeport, Psychology Department
1973-present	Associate Professor; School Psychology training program; Department of Special Education; Indiana State University

Areas of Competency

Exceptional Children and Special Education with specialization in Learning Disabilities

School Psychology, including Tests and Measurement and Behavior Modification

Professional Activities

1970-1973	Board of Directors; SPRED Learning Center for Autistic Children; Wilton, Conn.
1970-1971	Advisor; Southwestern Connecticut Mental Health Planning Council; Norwalk, Conn.
1972-1973	Consultant; International Education Association; Westport, Conn.

Professional Associations

Connecticut Association for Supervisors of Instruction in Special Education (vice-president, 1972; president, 1973)

Connecticut Association of School Psychological Personnel

Council for Exceptional Children

Orton Society

American Educational Research Association

New England Psychological Association

Connecticut Association for Children with Learning Disabilities

Phi Delta Kappa

Indiana Psychological Association

APPENDIX F

R.E.A.D.S. Incorporation

82 - 90

FORM No. CD 180 (Rev. 10-71) - 10M - 10-71 - 058574

The Commonwealth of Massachusetts

JOHN F.X. DAVOREN
Secretary of the Commonwealth
STATE HOUSE
BOSTON, MASS.

ARTICLES OF ORGANIZATION

(Under G.L. Ch. 180)

Incorporators

NAME	POST OFFICE ADDRESS
Include given name in full in case of natural persons; in case of a corporation give state of incorporation	
Lincoln D. Lynch	Town Hall, Middleborough, Mass. 346
Gordon W. Mitchell	Supt. of Schools, East Bridgewater, Mass. 02333
Stephen J. Childs	Middle School, Bridgewater, Mass. 02324
George R. Austin	P. O., East Freetown, Mass. 02717
E. Joseph LaLiberte	687 Pleasant Street, Raynham, Mass. 02767
George S. Watson	Lakeville Hospital, Lakeville, Mass. 02346
George C. Decas	P. O. Box 201, Middleborough, Mass. 02346

The above-named incorporator(s) do hereby associate (themselves) with the intention of forming a corporation under the provisions of General Laws, Chapter 180 and hereby state(s):

1. The name by which the corporation shall be known is:

R. E. A. D. S., INC.

2. The purposes for which the corporation is formed are as follows:

To identify school age children who have special needs, diagnose and evaluate the needs of such children, and propose a special education program to meet those needs, all in accordance with the regulations, guidelines, and directives of the Department of Education of the Commonwealth of Massachusetts, including those issued jointly or with the assistance of any other department, agency, committee or other body, and such other purposes as are permitted to a corporation organized under Chapter 180 of the General Laws of the Commonwealth; and to do all things necessary to further said purposes, in accordance with General Laws, Chapter 71B, if applicable, as the same may be amended from time to time.

The definitions of any terms herein shall comply with those set out in Section 1 of said Chapter 71B, as the same may be amended.

NOTE: If provisions for which the space provided under Articles 2, 3 and 4 is not sufficient additions should be set out on continuation sheets to be numbered 2A, 2B, etc. Indicate under each Article where the provision is set out. Continuation sheets shall be on 8½" x 11" paper and must have a left-hand margin 1 inch wide for binding. Only one side should be used.

3. If the corporation has more than one class of members, the designation of such classes, the manner of election or appointment, the duration of membership and the qualification an [illegible] including voting rights, of the members of each class, are as follows:—

Not Applicable.

• 4. Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows —

SEE ATTACHED SHEET #4

4. The corporation shall have the following powers in furtherance of its corporate purposes:

(a) The corporation shall have perpetual succession in its corporate name.

(b) The corporation may sue and be sued.

(c) The corporation may have a corporate seal which it may alter at pleasure.

(d) The corporation may elect or appoint directors, officers, employees and other agents, fix their compensation and define their duties and obligations.

(e) The corporation may purchase, receive, take by grant, gift, devise, bequest or otherwise, lease, or otherwise acquire, own, hold, improve, employ, use and otherwise deal in and with real or personal property, or any interest therein, wherever situated, in an unlimited amount.

(f) The corporation may solicit and receive contributions from any and all sources and may receive and hold, in trust or otherwise funds received by gift or bequest.

(g) The corporation may sell, convey, lease, exchange, transfer or otherwise dispose of, or mortgage, pledge, encumber or create a secutiry interest in, all or any of its property, or any interest therein, wherever situated.

(h) The corporation may purchase, take, receive, subscribe for, or otherwise acquire, own, hold, vote, employ, sell, lend, lease, exchange, transfer, or otherwise dispose of, mortgage, pledge, use and otherwise deal in and with, bonds and other obligations, shares, or other securities or interests issued by others, whether engaged in similar or different business, governmental, or other activities.

(i) The corporation may make contracts, give guarantees and incur liabilities, borrow money at such rates of interest as the corporation may determine, issue its notes, bonds and other obligations, and secure any of its obligations by mortgage, pledge or encumbrance of, or security interest in, all or any of its property or any interest therein, wherever situated.

(j) The corporation may lend money, invest and reinvest its funds, and take and hold real and personal property as security for the payment of funds so loaned or invested.

(k) The corporation may do business, carry on its operations, and have offices and exercise the powers granted by Massachusetts General Laws, Chapter 180, as now in force or as hereafter amended, in any jurisdiction within or without the United States, although the corporation shall not be operated for the primary purpose of carrying on for profit a trade or business unrelated to its tax exempt purposes.

(l) The corporation may pay pensions, establish and carry out pension, savings, thrift and other retirement, incentive and benefit plans, trusts and provisions for any or all of its directors, officers and employees and for any or all of the directors, officers, and employees of any corporation, fifty per cent (50%) or more of the shares of which outstanding and entitled to vote on the election of directors are owned, directly or indirectly, by it.

(m) The corporation may participate as a subscriber in the exchanging of insurance contracts specified in Massachusetts General Laws, Chapter 175, Section 94B as now in force or as hereafter amended.

(n) Unless the corporation is entitled to exemption from federal income tax under Section 501(c)(3) of the Internal Revenue Code in which case it shall make no contribution for other than religious, charitable, scientific, literary or educational purposes, the corporation may make donations in such amounts as the directors shall determine, irrespective of corporate benefit, for the public welfare or for community fund, hospital, charitable, religious, educational, scientific, civic, or similar purposes, and in time of war or other national emergency in aid thereof.

(o) The corporation may be an incorporator of other corporations of any type or kind.

(p) The corporation may be a partner in any business enterprise which it would have power to conduct by itself.

(q) The directors may make, amend or repeal the by-laws in whole or in part, except with respect to any provision thereof which by law or the by-laws requires action by the members.

(r) Meetings of the members may be held anywhere in the United States.

(s) The corporation shall, to the extent legally permissible and only to the extent that the status of the corporation as an organization exempt under Section 510(c)(3) of the Internal Revenue Code is not affected thereby, indemnify each of its directors, officers, employees and other agents (including persons who serve at its request as directors, officers, employees or other agents of another organization in which it has an interest) against all liabilities and expenses, including amounts paid in satisfaction of judgments, in compromise or as fines and penalties, and counsel fees, reasonably incurred by him in connection with the defense or disposition of any action, suit or other proceeding, whether civil or criminal, in which he may be involved or with which he may be threatened, while in office or thereafter, by reason of his being or having been such a director, officer, employee or agent, except with respect to any matter as to which he shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his action was in the best interests of the corporation; provided, however, that as to any matter disposed of by a compromise payment by such director, officer, employee or agent, pursuant to a consent decree or otherwise, no indemnification either for said payment or or for any other expenses shall be provided unless such compromise shall be approved as in the best interests of the corporation, after notice that it involves such indemnification: (a) by a disinterested majority of the directors then in office; or (b) by a majority of the disinterested directors then in office, provided that there has been obtained an opinion in writing of independent legal counsel to the effect that such director, officer, employee or agent appears to have acted in good faith in the reasonable belief that his action was in the best interest of the corporation; or (c) by a majority of the disinterested members entitled to vote, voting as a single class. Expenses including counsel fees, reasonably incurred by any such director, officer, employee or agent in connection with the defense or disposition of any such action, suit or other proceeding may be paid from time to time by the corporation in advance of the final disposition thereof upon receipt of an undertaking by such individual to repay the amount so paid to the corporation if he shall be adjudicated to be not entitled to indemnification under Massachusetts General Laws, Chapter 180, Section 6. The right of indemnification hereby provided shall not be exclusive of or affect any other rights to which any director, officer, employee or agent may be entitled. Nothing contained herein shall affect any rights to indemnification to which corporate personnel may be entitled by contract or otherwise under law. As used in this paragraph, the terms, "directors", "officer", "employee", and "agent" include their respective heirs, executors and administrators, and an "interested" director is one against whom in such capacity the proceedings in question or another proceeding on the same or similar grounds is then pending.

(t) No person shall be disqualified from holding any office by reason of any interest. In the absence of fraud, any director, officer or member of this corporation individually, or any individual having any interest in any concern in which any such directors, officers, members or individuals have an interest, may be a party to, or may be pecuniarily or otherwise interested in, any contract, transaction, or other act of this corporation, and

(1) Such contract, transaction, or act shall not be in any way invalidated or otherwise affected by that fact;

(2) No such director, officer, member or individual shall be liable to account to this corporation for any profit or benefit realized through any such contract, transaction, or act; and

(3) Any such director of this corporation may be counted in determining the existence of a quorum at any meeting of the directors or of any committee thereof which shall authorize any such contract, transaction, or act, and may vote to authorize the same;

the term "interest" including personal interest and interest as a director, officer, stockholder, shareholder, member or beneficiary of any concern; the term "concern" meaning any corporation, association, trust, partnership, firm, person or other entity other than this corporation.

(u) No part of the assets of the corporation and no part of any net earnings of the corporation shall be divided among or inure to the benefit of any officer or director of the corporation or any private individual or be appropriated for any purposes other than the purposes of the corporation as herein set forth; and no substantial part of the activities of the corporation shall be or include the carrying on of propaganda or otherwise attempting to influence legislation or participating in or intervening in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office. It is intended that the corporation shall be entitled to exemption from federal income tax under Section 501 (c)(3) of the Internal Revenue Code and shall not be a private foundation under Section 509(a) of the Internal Revenue Code.

(v) Upon the liquidation or dissolution of the corporation, after payment of all of the liabilities of the corporation or due provision therefor, all of the assets of the corporation shall be disposed of to one or more organizations exempt from taxation under the provisions of Section 501(c)(3) of the Internal Revenue Code.

(w) The corporation may have and exercise all powers necessary or convenient to effect any or all of the purposes for which the corporation is formed; provided that no such power shall be exercised in a manner inconsistent with Massachusetts General Laws, Chapter 180, Chapter 71B, or any other chapter of the General Laws of the Commonwealth or Section 501(c)(3) of the Internal Revenue Code.

(x) All references herein to the Internal Revenue Code shall be deemed to refer to the Internal Revenue Code of 1954, as now in force or hereafter amended.

5. By-laws of the corporation have been duly adopted and the initial directors, president, treasurer and cl or other presiding, financial or recording officers whose names are [illegible] below, have been duly electe

6. The effective date of organization of the corporation shall be the date of filing with the Secretary of t Commonwealth or if later date is desired, specify date, (not more than 30 days after date of filing.

7. The following information shall not for any purpose be treated as a permanent part of the Articles Organization of the corporation.

a. The post office address of the initial principal office of the corporation in Massachusetts is

b. The name, residence, and post office address of each of the initial directors and following officers the corporation are as follows:

	NAME	RESIDENCE	POST OFFICE ADDRES
President:	Lincoln D. Lynch	Town Hall, Middleborough, Mass. 02346	
Treasurer:	George R. Austin	P. O., East Freetown, Mass. 02717	
Clerk:	Gordon W. Mitchell	Ass't. Supt. of Schools, E. Bridgewate Mass. 02333	

Directors: (or officers having the powers of directors)

SEE ATTACHED SHEET.

c. The date initially adopted on which the corporation's fiscal year ends is

June 30

d. The date initially fixed in the by-laws for the annual meeting of members of the corporation is

third Tuesday of September

e. The name and business address of the resident agent, if any, of the corporation is:

not applicable

IN WITNESS WHEREOF and under the penalties of perjury the above-named INCORPORATOR(S) sign(s) these Articles of Organization this day of 19

The Commonwealth of Massachusetts
Office of the Secretary
State House, Boston 02133

Secretary of the Commonwealth

June 4, 1975

To Whom it May Concern:

I hereby certify that

R. E. A. D. S., Inc.

appears by the records of this office to have been incorporated under the general laws of this Commonwealth January 21, 1974 (Chapter 180)

I further certify that so far as appears of record here, said corporation still has a legal existence.

IN TESTIMONY of which, I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

Paul Guzzi
Secretary of the Commonwealth.

Deputy Secretary.

Department of the Treasury

(617)223-4242

District Director
Internal Revenue Service

Date: DEC 2 1974

In reply refer to: AU:EO:M. Darr

R.E.A.D.S., Inc.
Nurses Hospital, Lakeville Hospital
Lakeville, Mass. 02346

Gentlemen:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code

We have further determined you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

You are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. You are not liable for the taxes imposed under the Federal Unemployment Tax Act (FUTA)

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

If your purposes, character, or method of operation is changed, you must let us know so we can consider the effect of the change on your exempt status. Also, you must inform us of all changes in your name or address.

If your gross receipts each year are normally more than $5,000, you are required to file Form 990, Return of Organization Exempt From Income Tax, by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, for failure to file a return on time.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Please keep this determination letter in your permanent records.

Sincerely yours,

John E. Foristall
JOHN E. FORISTALL
District Director

Form L-178 (Rev. 7-73)

APPENDIX G

Additional Personnel/Vitae

91 - 93

Medical Director: R.E.A.D.S.

Vita

Name: Mary S. Goodwin

Education:

B.A.	Barnard College, 1928
M.D.	The Johns Hopkins School of Medicine, 1932

Experience:

Resident House Officer in Medicine, Johns Hopkins Hospital	1932-33
Resident House Officer in Pediatrics, New York Hospital, Cornell Medical Center	1933-34
Ass't. Resident in Ped., N.Y. Hospital, Cornell Medical Center	1934-35
Assoc. Physician Vassar College, Poughkeepsie, New York	1935-37
Assoc. in Pediatris) Johns Hopkins Medical School	1938-48
Assoc. Physician Medicine) Johns Hopkins Hospital	
Pediatrician Family Clinic) Medicine I - Johns Hopkins Hospital	
Private Practice Pediatrics, Baltimore, Maryland	1942-46
Associate Pediatrician, Mary Imogene Bassett Hospital, Cooperstown, New York	1948-68
Adjunct Assoc. Professor of Pediatrics, Albany Medical College	1969-74

Service Coordinator: R.E.A.D.S.

Vita

Name: Wayne Gerard Tessier

Education:

B.A.	Southeastern Massachusetts University, 1973
Master's Candidate	Boston College

Experience:

Social Work Practitioner, Lakeville Hospital, Ma.	1973-74

Performance Responsibilities:

The Service Coordinator will:

1. Schedule evaluations and conferences;
2. Schedule consultants' time;
3. Prepare intake interview with parents in cooperation with Lakeville Hospital personnel in order to gain necessary information for 3rd party payment;
4. Serve as liaison with Lakeville and Morton Hospitals for scheduling of services;
5. Serve as liaison with medical records offices of Lakeville and Morton Hospitals as well as other hospitals and clinics;
6. Perform other duties as assigned by the Executive Director.

Diagnostic Teacher: R.E.A.D.S.

Vita

Name: Mary Louise Payton

Education:

A.A.	Cape Cod Community College, 1964
B.A.	Western Kentucky University, 1967
M.Ed.	Bridgewater State College, 1973

Experience:

Town of Bourne: Multi-Service Reading Program	1968-70
Town of Wareham: Learning Disabilities Specialist; multi handicapped student involvement, prescriptive teaching	1970-74

Performance Responsibilities:

The Diagnostic Teacher will:

1. Assume responsibility for supervision of children enrolled in the diagnostic classroom;
2. Conduct psycho-educational evaluations of the children enrolled in the diagnostic classroom and prepare written reports of such evaluations;
3. Participate in team meetings at which time information gained from the psycho-educational evaluations is shared with the LEA personnel and parents;
4. Supervise the functioning of the teacher aide in the diagnostic classroom;
5. Meet with the parents of the children on "intake day" in order to explain to them the functioning of the classroom and to answer any questions they might have;
6. Meet with school personnel on "intake day" in order to get a clear understanding of the reason for referral and the nature of the educational problem;
7. Help the referring LEA in the identification of resources in cases where special placement might be warranted or unusual services are required as part of the educational plan; and,
8. Other duties as assigned by the Executive Director.

APPENDIX H

Student Records Regulations

94 - 106

The Commonwealth of Massachusetts
Department of Education
182 Tremont Street
Boston 02111

GREGORY R. ANRIG
COMMISSIONER OF EDUCATION

March 5, 1975

MEMORANDUM FOR: Chairmen of School Committees
Superintendents of Schools
School Administrators
School Guidance Counselors

The Board of Education at its meeting of January 28, 1975, adopted the attached Student Records Regulations under the authority of Chapters 71, 71B, and Chapter 76 of the General Laws.

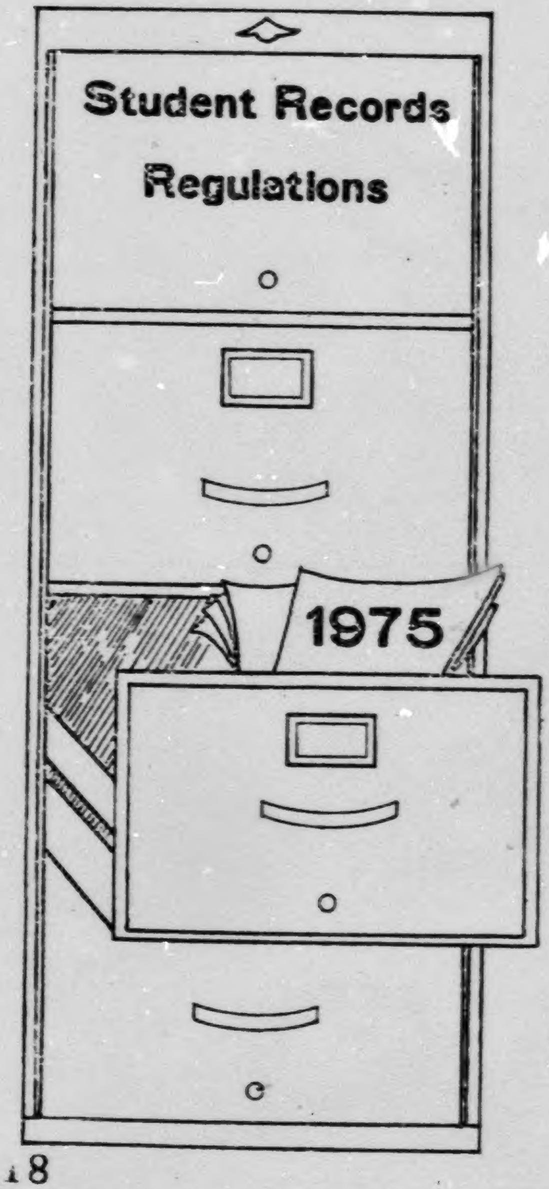
In approving these regulations, the Board was particularly concerned that the state standards agree with those being developed at the federal level under the Family Educational Rights and Privacy Act of 1974. The Department legal office has compared the preliminary federal regulations on student records to the attached state regulations and has concluded that they are in substantial agreement with one another. If necessary the Board of Education will issue supplementary or amended regulations once the federal regulations are made final so that school officials will only have to deal with one set of regulations concerning student records.

The Board in adopting these regulations directed that the regulations be reviewed following their first year of implementation. The Department's Regional Advisory Councils will be asked to report to the Board during this review as to the effectiveness of the regulations and any possible amendments.

These regulations culminate an 18 month period of development. They were drafted by an advisory task force representing the education associations and other interested groups. In addition the regulations were the subject of two public hearings and several regular meetings of the Board of Education. They represent an important step in protecting the privacy of citizens during the time they are students in our schools.

In the event of any questions regarding the implementation of these Regulations, please contact the Bureau of Student Services at (617) 727-5754.

Gregory R. Anrig
Commissioner of Education


Student Records
Regulations
1975

MASSACHUSETTS DEPARTMENT
OF EDUCATION

Board of Education
Commonwealth of Massachusetts

Rae Cecilia Kipp, *Chairwoman*
John S. Sullivan, *Vice-Chairman*

John W. Bond
Ramona Corriveau
William Densmore
Charles T. Grigsby
Mary Ann Hardenbergh
Evelyn Morash
Edward E. Phillips
Neal Yanofsky

Gregory R. Anrig, *Commissioner of Education–Secretary*

Member Ex Officiis:
Patrick E. McCarthy, *Chancellor of the Board of Higher Education*
Ronald J. Fitzgerald, *Director of Research, Advisory Council on Education*

Produced by the Bureau of Educational Information Services

Publication #8194 approved by Alfred C. Holland, *State Purchasing Agent.*

Regulations Pertaining to Student Records

These regulations are promulgated by the Board of Education pursuant to its powers under Section 34D of Chapter 71 which directs that "the Board of education shall adopt regulations relative to the maintenance of student records by the public elementary and secondary schools of the commonwealth," and under Section 34F of Chapter 71 which directs that "the board of education shall adopt regulations relative to the retention, duplication and storage of records under the control of school committees, and except as otherwise required by law may authorize the periodic destruction of any such records at reasonable times." These regulations are in conformity with Sections 34A, 34B, and 34E of Chapter 71 of the General Laws, Chapter 71B of the General Laws inserted by Section 11 of Chapter 766 of the Acts of 1972, and Section 13 of Chapter 76 of the General Laws.

1.0 Rules on Application of Rights

These regulations are promulgated to insure parents' and students' rights of confidentiality, inspection, amendment, and destruction of student records and to assist local school systems in adhering to the law. These regulations should be liberally construed for these purposes.

1.1 These rights shall be the rights of the student upon reaching 14 years of age or upon entering the 9th grade, whichever comes first.

1.2 If a student is under the age of 14 and has not yet entered the 9th grade, these rights shall devolve to his/her parent.

1.3 If a student is from 14 through 17 years of age or has entered the 9th grade, both the student and his/her parent, or either one acting alone, shall exercise these rights.

1.4 If a student is 18 years of age or older, he/she alone shall exercise these rights. However, the parent may continue to exercise the rights until expressly limited by such student. Such student may limit the rights and provisions of these regulations which extend to his/her parent by making such request in writing to the school principal or superintendent of schools who shall honor such request and retain a copy of it in the student record.

1.5 Notwithstanding Sections 1.1, 1.2 and 1.3 of these regulations, nothing shall be construed to mean that a school committee cannot extend the provisions of these regulations to students under the age of 14 or to students who have not yet entered the 9th grade.

2.0 Definition of Terms

The various terms as used in these regulations are defined below:

2.1 Student shall mean any person enrolled or formerly enrolled in a public elementary or secondary school or any person age three or older about whom a school committee maintains information. The term as used in these regulations shall not include a person about whom a school committee maintains information relative only to that person's employment by the school committee.

2.2 School-age child with special needs shall have the same definition as that given in Chapter 766 of the Acts of 1972 and the regulations promulgated thereto.

2.3 Eligible student shall mean any student who is 14 years of age or older or who has entered 9th grade, unless the school committee acting pursuant to Section 1.5 of these regulations extends the rights and provisions of these regulations to students under the age of 14 or to students who have not yet entered 9th grade.

2.4 Parent shall mean a student's father or mother; or guardian; or person or agency legally authorized to act on behalf of the child in place of or in conjunction with the father, mother, or guardian.

2.5 The student record shall consist of the transcript and the temporary record, including all information -- recording and computer tapes, microfilm, microfiche, or any other materials -- regardless of physical form or characteristics concerning a student that is organized on the basis of the student's name or in a way that such student may be individually identified, and that is kept by the school committees of the Commonwealth. The term as used in these regulations shall mean all such information and materials regardless of where they are located, except for the information and materials specifically exempted by Section 4.0 of these regulations.

2.6 The transcript shall contain administrative records that constitute the minimum data necessary to reflect the student's educational progress and to operate the educational system. These data shall be limited to the name, address, and phone number of the student; his/her birthdate; name, address, and phone number of the parent or guardian; course titles, grades (or the equivalent when grades are not applicable), grade level completed, and the year completed.

2.7 The temporary record shall consist of all the information in the student record which is not contained in the transcript. This information clearly shall be of importance to the educational process. Such information may include standardized test results, class rank (when applicable), school sponsored extracurricular activities, and evaluations by teachers, counselors, and other school staff.

2.8 Core Evaluation Team (CET) shall mean the team which evaluates school-age children pursuant to Chapter 766 of the Acts of 1972 and the regulations promulgated thereto.

2.9 Authorized school personnel shall consist of three groups:

2.9.1 School administrators, teachers, and counselors who are employed by the school committee and who are working directly with the student in an administrative, teaching, counseling, and/or diagnostic capacity.

2.9.2 Administrative office staff and clerical personnel who are employed by the school committee and whose duties require that they have access to student records for the purpose of processing information for the student record.

2.9.3 The CET which evaluates a student.

2.10 Dissemination shall mean the oral or written release or divulgence; or transfer; or inspection or copying of a student record, in whole or in part, in any manner or form.

2.11 Third party shall mean any person or private or public agency, authority, or organization other than the eligible student, his/her parent; or authorized school personnel.

2.12 State Advisory Commission (SAC) shall mean the State Advisory Commission established under Chapter 766 of the Acts of 1972 and the regulations promulgated thereto.

2.13 Regional Review Board shall mean the Regional Review Board established by Chapter 11 of the Special Education Regulations.

2.14 State Review Board shall mean the State Review Board established by Chapter 11 of the Special Education Regulations.

3.0 Collection of Data: Limitations and Requirements

All information and data contained in or added to the student record shall be limited to information relevant to the educational needs of the student. All information and data in the temporary record that is added after the effective date of these regulations shall include the name, signature, and position of the person who has added such information and the date of entry into the record.

4.0 Personal Files of School Employees

Notes, memory aids, and other similar information concerning a student which is maintained in the personal files of any school employee shall be only for the personal use of such employee. This information may be shared with the student or his/her parent but shall not be released to authorized school personnel or to any third party. Such information may be added to the student record and is then subject to all of the provisions of these regulations. Current teachers' rank books may be shared with substitute or replacement teachers during the school year.

5.0 Privacy and Security of Student Records

5.1 The school principal or his/her designee shall be responsible for the privacy and security of all student records maintained in the school.

5.2 The superintendent of schools or his/her designee shall be responsible for the privacy and security of all student records that are not under the supervision of a school principal; for example, former students' transcripts stored in the school department's central administrative offices or student records maintained by the school committee of school-age children with special needs who have not been enrolled in a public school.

5.3 The principal and superintendent of schools shall insure that student records under their supervision are kept physically secure; that authorized school personnel are informed of the provisions of these regulations and are educated as to the importance of information privacy and confidentiality; and that any computerized systems employed are electronically secure.

6.0 Destruction of Student Records

6.1 The student's transcript shall be maintained by the school department and may only be destroyed 60 years following his/her graduation, transfer, or withdrawal from the school system and then only at the discretion of the school committee.

6.2 During the time a student is enrolled in a school, the principal or his/her designee may periodically review and destroy misleading, outdated, or irrelevant information contained in the temporary record provided that the eligible student and his/her parent are notified in writing and are given opportunity to receive the information or a copy of it prior to its destruction. A copy of such notice shall be retained in the temporary record.

6.3 The temporary record of any student enrolled on or after the effective date of these regulations shall be destroyed five years after the student transfers, graduates, or withdraws from the school system. Written notice to the eligible student and his/her parent of the eventual destruction of the record and their right to receive the information, in whole or in part, shall be made at the time of such transfer, graduation, or withdrawal. Such notice shall be in addition to the notification concerning destruction of records contained in the routine information letter required in Section 10 of these regulations.

6.4 Any anonymous data of the kind referred to in Sections 7.3.2 and 7.3.3 of these regulations may be kept beyond the five years mentioned in Section 6.3 above at the discretion of the school committee in conformity with the statutes and regulations concerning public records.

Access to and Dissemination of Student Records

A permanent log shall be kept as part of each student's temporary record. If parts of the temporary record are separately located, a separate log shall be kept with each part. Each person disseminating information contained within the temporary record, in whole or in part, shall upon each instance of dissemination enter into the log the following: his/her name, signature, position, the date, the portions of the record that were disseminated, and the purpose of such dissemination. If a third party is to receive information from the student record, the name and affiliation of such third party shall be included in the log.

7.1 Access of Eligible Students and Parents

The eligible student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations, shall have access to the student record. In no event shall such access be delayed more than two consecutive weekdays after the initial request, unless the requesting party consents to a delay. Upon such request for access, the entire student record regardless of the physical location of its parts shall be made available.

7.1.1 Upon request, copies of any information contained in the student record shall be furnished to the eligible student or his/her parent, as applicable under the rules in Section 1 of these regulations. A reasonable fee not to exceed the cost of reproduction may be charged.

7.1.2 Any student, regardless of age, shall have the right pursuant to Chapter 71 Section 34A to receive a copy of his/her transcript.

7.1.3 The eligible student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations, shall have the right upon their request to meet with professionally qualified school personnel and to have any of the contents of the student record interpreted.

7.1.4 The eligible student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations, may have the student record inspected or interpreted by a third party of their choice. Such third party shall present specific written consent of such student or his/her parent, as applicable under Section 1, prior to gaining access to the student record.

7.2 Access of Authorized School Personnel

Subject to these regulations, including the log requirements of Section 7.0, authorized school personnel employed by: (1) the school committee that presently has jurisdiction over the student; or (2) the school committee of a regional school district or regional vocational school district that the student enters upon graduating from the schools of a city or town that is a member of such regional school district, shall have access to the student records of students to whom they are providing services, when such access is required in the performance of their official duties. The consent of the eligible student or his/her parent shall not be necessary.

7.3 Access of Third Parties

Except for the provisions in Sections 7.3.1 through 7.3.6 of these regulations, no information in a student record shall be disseminated to a third party without the specific, informed written consent of the eligible student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations. When granting consent, the eligible student and his/her parent, or either one, as applicable, shall have the right to designate which portions of the student record shall be disseminated to any third party. A copy of such consent shall be retained by the parent and the student and a duplicate placed in the temporary record.

7.3.1 Upon receipt of a court order or subpoena, or upon receipt of a request from a Justice of any court under the provision of Chapter 119, Section 69 of the General Laws for information regarding a student, the appropriate school official shall comply, upon condition that the student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations, are notified of all such orders, subpoenas, and requests in advance of such compliance.

7.3.2 The superintendent of schools or his/her designee shall provide to the Massachusetts Department of Education such anonymous, statistical information or anonymous data derived from student records as the Department shall from time to time require, provided the identity of any individual cannot be determined from such data.

7.3.3 Subject to the approval of the school committee, the superintendent of schools or his/her designee may provide anonymous statistical information or anonymous data from student records to independent researchers engaged in analysis of programs and policies, provided the identity of any individual cannot be determined from such data.

7.3.4 The Division of Special Education of the Department of Education may have access to and the right to copy the student record of a school-age child who has been referred to a CET for an evaluation or of a school-age child with special needs, without the consent of such student or his/her parent, provided that: (1) such access is required in the performance of official duties; (2) a written statement for such access, signed by the Project Director for Special Education in the Regional Education Center, is presented to the appropriate school official responsible for student records; and (3) the eligible student and his/her parent receive written notice containing the reason for such access not less than 10 days or more than 30 days prior to the access; the superintendent of schools or his/her designee shall send such notice upon receipt of the written statement from the Project Director for Special Education in the Regional Education Center.

7.3.4.1 The Division shall not disseminate the student record or any of its parts to any third party other than (1) the Regional Review Board if consultation is sought by the Division and (2) the State Advisory Commission if any appeal is taken to that Commission from the decision of the Division.

7.3.5 When considering an appeal of a CET finding for a student, pursuant to Chapter 766 of the Acts of 1972, the SAC and the State Review Board shall be allowed to have access to and to copy the student record of such student. The consent of the student or his/her parent shall not be necessary.

7.3.6 Access of School Health Personnel and Local and State Health Department Personnel

Subject to these regulations, school health personnel and local and state health department personnel shall have access to all student health records, including but not limited to immunization records, without the consent of the eligible student or his/her parent, provided that such access is mandated by statute or regulation and is required in the performance of official duties.

8.0 Amending the Student Record

8.1 The eligible student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations, shall have the right to add information, comments, data, or any other relevant written material to the student record.

8.2 The eligible student and his/her parent or either one, as applicable under the rules in Section 1 of these regulations, shall have the right to request deletion or amendment of any information contained in the student record, except for information which was inserted into that record by a CET. Such information inserted by a CET shall not be subject to such a request until after the acceptance of the CET Educational Plan, or, if the CET Educational Plan is rejected, after the completion of the special education appeal process. Any deletion or amendment shall be made in accordance with the procedure described below:

8.2.1 If such student and his/her parent, or either one, as applicable, are of the opinion that adding information is not sufficient to explain, clarify or correct objectional material in the student record, they shall have the right to have a conference with the principal or his/her designee to make their objections known.

8.2.2 The principal or his/her designee shall within one week after the conference render to such student and his/her parent, or either one, as applicable, a decision in writing, stating the reason or reasons for the decision. If the decision is in favor of the student and his/her parent, the principal or his/her designee shall promptly take such steps as may be necessary to put the decision into effect.

Appeals

9.1 In the event that any decision of a principal or his/her designee regarding any of the provisions contained in these regulations is not satisfactory in whole or in part to the eligible student and his/her parent, or either one, as applicable under the rules in Section 1 of these regulations, they shall have the right of appeal to the superintendent of schools. Request for such appeal shall be in writing to the superintendent of schools.

9.2 The superintendent of schools or his/her designee shall within two weeks after being notified of such appeal (longer should the appellant request a delay) review the issues presented and render a written decision to the appellant, stating the reason or reasons for the decision. If the decision is in favor of the appellant, the superintendent of schools or his/her designee shall promptly take such steps as may be necessary to put the decision into effect.

9.3 In the event that the decision of the superintendent of schools or his/her designee is not satisfactory to the appellant in whole or in part, the appellant shall have the right of appeal to the school committee. Request for such appeal shall be in writing to the chairperson of the school committee.

9.4 The school committee shall within four weeks after being notified of such appeal (longer should the appellant request a delay) conduct a fair hearing to decide the issues presented by the appellant.

9.4.1 School officials shall have the burden of proof on issues presented by the appellant.

9.4.2 The appellant shall have the right to be represented by an advocate of his/her choosing, to cross-examine witnesses, to present evidence, to make a tape or other recording of the proceedings, and to receive a written decision.

9.4.3 If the appeal concerns statements by an employee of the school committee, such person(s) shall have the right to be present and to have an advocate of his/her own choosing, at the expense of the school committee.

10.0 Notification

10.1 The appropriate school official shall within 90 days of their effective date notify all students and their parents of the general provisions of these regulations and that copies of these regulations are available to them from the school.

10.2 At least once during every school year, the school shall publish and distribute a routine information letter to students and their parents informing them of the following:

10.2.1 The standardized testing programs and research studies to be conducted during the year and other routine information to be collected or solicited from the student during the year.

10.2.2 The general provisions of these regulations regarding parent and student rights, and that copies of these regulations are available to them from the school.

10.3 In those school systems required under Chapter 71A of the General Laws to conduct a bilingual program, all forms, regulations, or other documents regarding these regulations that a parent receives or is required to receive shall be in the language spoken in the home of the student, provided that it is a language for which the school system is required to provide a bilingual program.

11.0 Severance Clause

The provisions of these regulations are severable and should any section be found upon judicial review to exceed the authority of the State Board of Education, the remaining sections shall not be affected.

1/14/75

APPENDIX I

Personal Communications

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R. E. A. D. S.

Regional Educational Assessment & Diagnostic Services, Inc.
LAKEVILLE HOSPITAL
LAKEVILLE, MASSACHUSETTS 02346
(617) 947-3634

ROBERT K. HARTMAN, PH. D.
EXECUTIVE DIRECTOR

June 2, 1975

Mr. Edward Lynch, Director
Pupil Personnel Services
Cohannet School
120 Cohannet Street
Taunton, MA. 02780

Dear Mr. Lynch:

This letter is in response to your recent request for a subjective report of progress. Specifically, I am addressing this letter to the objectives stated at the inception of the program, and will outline the degree to which I believe these objectives have been met.

a. We have provided the highest quality educational, medical, and psychological evaluations that were seen possible given the constraint of a basically rural area some distance from university centers. You are already in possession of the qualifications of the R.E.A.D.S. staff in the area of education, and psychology. The medical staff, earlier in the case of Dr. Mary Goodwin and now in the case of the consulting pediatricians from Lakeville Hospital, are highly experienced and respected in the pediatric community. The medical evaluations are not just pediatric examinations but routinely include a complete laboratory analysis of blood and urine along with an eye examination by an ophthalmologist, and a hearing test by an audiologist. Consultants in neuro-psychology, pediatric neurology, orthopedics, otolaryngology, and pedodontics are readily available to the physician in charge. I believe that such evaluations do make possible the accurate definition of handicapping conditions in all but the most unusual cases.

b. At this time I must defer judgement on our cost factors until more data is available. Due to State Audit requirements and my desire for a complete budgetary accounting to the membership, our internalized audit is not anticipated to be finalized until the end of the first quarter of fiscal '76.

c. After every evaluation at R.E.A.D.S. the parents and school personnel are invited to participate with the R.E.A.D.S. staff in the formulation of an individualized educational plan. In almost all cases the parents accept this invitation and sit with us to hear the results of our findings as well as hearing contributions from school personnel experienced with the child. The outcome of these meetings is usually a reasonably specific plan for educational placement and programming to meet the child's special needs. I believe that we make these recommendations as educationally relevant and implementable as is feasible considering that our primary focus of evaluation is medical.

d. In all but a few cases we have completed our assessment within the 30 day limit mandated by Chapter 766. The only occasion where we have gone beyond this have been situations requiring unusual advanced medical study in cases where the resources are not readily available. This did not occur in any more than five percent of our referrals.

e. The data recording system reagarding low incidence handicapping conditions is an automatic part of our record keeping. It would be very easy to retrieve from our files the number of children with various handicapping conditions and I fully expect we will use this file in this manner in order to locate populations of children in need of specific services.

f. We retain here in our office at R.E.A.D.S. all original protocols of pupil evaluations. These records are readily available to the R.E.A.D.S. school districts and other human services agencies as well as being available for legitimate authorized research endeavors.

g. We have had a program of in-service workshops (see attached addendum) that have been adequate but have fallen short of my goals in this area. I am hopeful that we can increase the number of such programs next year. This direct contact with the professionals in the school districts is an extremely important function of R.E.A.D.S. in order to upgrade the service delivery to children in all communities in southeastern Massachusetts.

h. We have conducted some evaluations of special needs children in state institutions. However, our time limitations and commitment to the public schools has restricted our functioning in this area. It is my hope that better staff utilization next year will enable us to have the available time to meet an obligation to children in state institutions. This will have the dual effect of providing a higher quality assessment than many of these children are now receiving as well as supporting the public schools by helping them meet their mandate under Chapter 766.

i. As part of every diagnostic classroom evaluation Mrs. Payton generates a series of specific recommendations. These recommendations include instructional approaches and behavioral strategies along with suggestions for particular materials to be used. She routinely is in contact with the classroom teacher to whom the child will return and solicits from that teacher information regarding available reading series, remedial materials, etc. Her recommendations then focus around the available material and the expertise of the personnel in the sending district. Such recommendations take into account learning styles and specific abilities and disabilities of the special needs youngster. I believe this aspect of the R.E.A.D.S. evaluation to be one of the strongest components we have to offer the public schools.

I hope this letter helps answer the questions you have relative to our success in meeting the goals as set forth prior to the first operational year of R.E.A.D.S., Inc. If I can provide any additional information on this matter, please let me know.

Sincerely,

Robert K. Hartman, Ph.D.,
Executive Director

RKH:ss

ADDENDUM - Lynch Letter

OUTLINE -- INSERVICE PROGRAMS

1.	1974 September	Jerome Haller, M.D.	Neurology*
2.	October	Mary Goodwin, M.D.	Case Concepts*
3.	October	R.E.A.D.S. Staff	Team Approach (at Bridgewater Chapter of Massachusetts Associati for Children with Learn Disabilities
4.	October	Mary Goodwin, M.D.	Visually Handicapped*
5.	October	Robert K. Hartman, Ph.D.	Lakeville Schools
6.	October	Mary Goodwin, M.D.	Raynham
7.	November	Mary Goodwin, M.D.	Whitman
8.	December	Robert K. Hartman, Ph.D.	Bridgewater
9.	1975 January	Robert K. Hartman, Ph.D.	Walter Fernald State School
10.	February	Robert K. Hartman, Ph.D.	EDCO (Cambridge)
11.	March	Robert K. Hartman, Ph.D.	Office for Children (Taunton)
12.	April	Robert K. Hartman, Ph.D.	Office for Children (Brockton)
13.	April	Robert K. Hartman, Ph.D.	Massachusetts School Psychologist Associatio (Beverly)

* Conducted at Lakeville Hospital, Lakeville, MA.

R. E. A. D. S.

Regional Educational Assessment & Diagnostic Services, Inc.

LAKEVILLE HOSPITAL
LAKEVILLE, MASSACHUSETTS 02346

(617) 947-3634

ROBERT K. HARTMAN, PH. D.
EXECUTIVE DIRECTOR

August 22, 1975

Mr. Herb Drew, Jr.
Director, Pupil Personnel Services
Middleboro Public Schools
Middleboro High School
Middleboro, MA. 02346

Dear Herb:

I dropped a line to Ed Lynch, Chairman of the Evaluation Sub-committee, in June, in which I explained that in all probability I wouldn't have a final per client cost figure until the end of the first quarter of FY-76.

However, due to my curtailed vacation, and some uninterrupted time this summer, I am able to report that the final cost analysis has been completed and I plan to share this information with Middle Management and the Board of Directors in early September. Our per client costs were calculated to be $498.08.

I trust this information will be of assistance to you and the sub-committee of funding that you chair.

See you in September.

Sincerely,

Bob

Robert K. Hartman, Ph.D.,
Executive Director

RKH:ss

APPENDIX J

Program Evaluation/Forms

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R. E. A. D. S.

Regional Educational Assessment & Diagnostic Services, Inc.

LAKEVILLE HOSPITAL
LAKEVILLE, MASSACHUSETTS 02346

(617) 947-3634

ROBERT K. HARTMAN, PH. D.
EXECUTIVE DIRECTOR
MARY STEWART GOODWIN, M. D.
MEDICAL DIRECTOR
MARY LOUISE PAYTON
EDUCATIONAL DIAGNOSTICIAN
WAYNE G. TESSIER
SERVICE COORDINATOR

LINCOLN D. LYNCH
PRESIDENT
JOHN F. DECOSTA
VICE PRESIDENT
FRED C. SALES, ED. D.
TREASURER
GEORGE S. WATSON, M. D.
SECRETARY

DEAR COLLEAGUES:

ON THE FOLLOWING PAGES ARE A SERIES OF STATEMENTS WHICH OFFER YOU THE OPPORTUNITY TO EVALUATE THE R.E.A.D.S. PROGRAM.

PLEASE INDICATE EACH OF YOUR JUDGEMENTS BY PLACING A CHECK MARK (✓) UNDER ONE OF THE FOUR AVAILABLE RATING CLASSIFICATIONS.

DO NOT RESPOND TO ITEMS FOR AREAS ABOUT WHICH YOU DO NOT FEEL SUFFICIENTLY EXPERIENCED OR INFORMED TO MAKE A JUDGEMENT.

FOR EVERY UNSATISFACTORY OR SIGNIFICANT PROBLEM RESPONSE, PLEASE PROVIDE AN ACCOMPANYING EXPLANATION FOR SUCH A JUDGEMENT. ON EVERY OTHER PAGE YOU WILL FIND APPROPRIATE MATCHING SPACE TO WRITE SUCH EXPLANATIONS.

IF YOU RESPOND TO A STATEMENT HAVING REFERENCE TO CHANGE IN PUPIL BEHAVIOR, IT WILL BE ASSUMED THAT YOU HAVE MADE AN ATTEMPT TO IMPLEMENT THE RELATED RECOMMENDATIONS.

PLEASE ACCEPT OUR GRATEFUL APPRECIATION FOR YOUR ASSISTANCE IN THIS EFFORT TO ASSESS THE QUALITY AND ADEQUACY OF THE R.E.A.D.S. PROGRAM.

EVALUATION COMMITTEE
R.E.A.D.S., INC.

R. E. A. D. S., INC.

PROGRAM EVALUATION

PLEASE CHECK BELOW YOUR ROLE AS A RESPONDENT, BUT DO NOT IDENTIFY YOURSELF OR YOUR COMMUNITY.

___TEACHER ___PSYCHOLOGIST ___NURSE ___PRINCIPAL ___SOCIAL WORKER

___AIDE ___COUNSELOR ___SPEECH & LANGUAGE THERAPIST

___LEARNING DISABILITIES TUTOR ___OTHER (PLEASE SPECIFY.______________)

	EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM
I. REFERRAL SYSTEM				
A. EASE OF REFERRAL PROCESS				
B. CLARITY OF PREREQUISITES				
C. RELEVANCY OF INTAKE REQUIREMENTS				
D. TIME LAG FROM INITIAL REFERRAL TO COMPLETED EVALUATION				
II. EVALUATIONS				
A. MEDICAL				
1. LANGUAGE CLARITY OF MEDICAL ASSESSMENT				
2. RELEVANCE OF MEDICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING				
3. APPLICABILITY OF MEDICAL RECOMMENDATIONS TO LEARNING SITUATIONS.				
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF MEDICAL RECOMMENDATIONS.				

I. REFERRAL SYSTEM

A.______________________________

B.______________________________

C.______________________________

D.______________________________

II. EVALUATIONS

A. MEDICAL

1.______________________________

2.______________________________

3.______________________________

4.______________________________

	EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM
B. PSYCHOLOGICAL				
1. QUALITY OF PSYCHOLOGICAL ASSESSMENT				
2. LANGUAGE CLARITY OF PSYCHOLOGICAL ASSESSMENT				
3. RELEVANCE OF PSYCHOLOGICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING				
4. APPLICABILITY OF PSYCHOLOGICAL RECOMMENDATIONS TO LEARNING SITUATIONS				
5. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF PSYCHOLOGICAL RECOMMENDATIONS				
C. EDUCATIONAL (IN DIAGNOSTIC CLASS CASES ONLY)				
1. QUALITY OF EDUCATIONAL ASSESSMENT				
2. LANGUAGE CLARITY OF EDUCATIONAL ASSESSMENT				
3. RELEVANCE OF EDUCATIONAL ASSESSMENT TO EDUCATIONAL PROGRAMMING				
4. APPLICABILITY OF EDUCATIONAL RECOMMENDATION TO LEARNING SITUATIONS				
5. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF EDUCATIONAL RECOMMENDATIONS				

B. PSYCHOLOGICAL

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

C. EDUCATIONAL (IN DIAGNOSTIC CLASS CASES ONLY)

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

	EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM
III. ANCILLARY MEDICAL SERVICES A. NEUROLOGY				
1. Language Clarity of Neurological Assessment				
2. Relevance of Neurological Assessment to Educational Programming				
3. Applicability of Neurological Recommendation to Learning Situation				
4. Change in Pupil Behavior Due to Implementation of Neurological Recommendations				
B. OPHTHALMOLOGY				
1. Language Clarity of Ophthalmological Assessment				
2. Relevance of Ophthalmological Assessment to Educational Programming				
3. Applicability of Ophthalmological Recommendation to Learning Situation				
4. Change in Pupil Behavior Due to Implementation of Ophthalmological Recommendations				

III. ANCILLARY MEDICAL SERVICES

A. NEUROLOGY

1. ____________________
2. ____________________
3. ____________________
4. ____________________

B. OPHTHALMOLOGY

1. ____________________
2. ____________________
3. ____________________
4. ____________________

	EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM
C. AUDIOLOGY				
1. Language Clarity of Audiological Assessment				
2. Relevance of Audiological Assessment to Educational Programming				
3. Applicability of Audiological Recommendation to Learning Situations				
4. Change in Pupil Behavior Due to Implementation of Audiological Recommendations				
D. Ear, Nose and Throat				
1. Language Clarity of Ear, Nose and Throat Assessment				
2. Relevance of Ear, Nose and Throat Assessment to Educational Programming				
3. Applicability of Ear, Nose and Throat Recommendation to Learning Situations				
4. Change in Pupil Behavior Due to Implementation of Ear, Nose and Throat Recommendations				

C. AUDIOLOGY

1.____________________

2.____________________

3.____________________

4.____________________

D. EAR, NOSE AND THROAT

1.____________________

2.____________________

3.____________________

4.____________________

	EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM
E. LANGUAGE				
1. LANGUAGE CLARITY OF LANGUAGE ASSESSMENT				
2. RELEVANCE OF LANGUAGE ASSESSMENT TO EDUCATIONAL PROGRAMMING				
3. APPLICABILITY OF LANGUAGE RECOMMENDATION TO LEARNING SITUATIONS				
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF LANGUAGE RECOMMENDATIONS				
F. DENTISTRY				
1. LANGUAGE CLARITY OF DENTAL ASSESSMENT				
2. RELEVANCE OF DENTAL ASSESSMENT TO EDUCATIONAL PROGRAMMING				
3. APPLICABILITY OF DENTAL RECOMMENDATION TO LEARNING SITUATIONS				
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF DENTAL RECOMMENDATIONS				

E. LANGUAGE

1.______________________________

2.______________________________

3.______________________________

4.______________________________

F. DENTISTRY

1.______________________________

2.______________________________

3.______________________________

4.______________________________

	EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM
G. PSYCHO-NEUROLOGY				
1. LANGUAGE CLARITY OF PSYCHO-NEUROLOGICAL ASSESSMENT				
2. RELEVANCE OF PSYCHO-NEUROLOGICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING				
3. APPLICABILITY OF PSYCHO-NEUROLOGICAL RECOMMENDATION TO LEARNING SITUATIONS				
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF PSYCHO-NEUROLOGICAL RECOMMENDATIONS				

G. PSYCHO-NEUROLOGY

1.____

2.____

3.____

4.____

R. E. A. D. S.

Regional Educational Assessment & Diagnostic Services, Inc.

LAKEVILLE HOSPITAL
LAKEVILLE, MASSACHUSETTS 02346

(617) 947-3634

ROBERT K. HARTMAN, PH. D.
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PRESIDENT
JOHN F. DECOSTA
VICE PRESIDENT
FRED C. SALES, ED. D.
TREASURER
GEORGE S. WATSON, M. D.
SECRETARY

DATE: ________________

DEAR PARENTS:

YOUR CHILD, ________________________, HAS BEEN EVALUATED THIS YEAR AT R.E.A.D.S., INC.

TO DETERMINE IF THE R.E.A.D.S. PROGRAM HAS BEEN HELPFUL BOTH TO YOU AND YOUR CHILD, WE ARE REQUESTING THAT YOU REVIEW, COMPLETE, AND RETURN THE ENCLOSED QUESTIONNAIRE.

WITH YOUR NECESSARY COOPERATION, WE WILL BE ABLE TO JUDGE THE PRESENT QUALITY OF THE PROGRAM AND TO SEEK WAYS TO MAKE THE PROGRAM EVEN MORE RESPONSIVE TO THE NEEDS OF CHILDREN.

THANK YOU IN ADVANCE FOR YOUR HELPFUL ASSISTANCE.

VERY TRULY YOURS,

____

PARENT EVALUATION OF R. E. A. D. S., INC.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS BY PLACING A CHECK MARK (✓) UNDER THE APPROPRIATE COLUMN.

FOR THOSE RESPONSES THAT ARE CHECKED IN THE NEGATIVE, WOULD YOU PLEASE STATE THE REASON FOR YOUR CHOICE.

THERE IS NO NEED TO SIGN THIS FORM.

PLEASE COMPLETE AND RETURN IN THE ENVELOPE PROVIDED.

	YES	NO
1. WERE YOU SATISFIED WITH THE EVALUATIONS CONDUCTED AT R.E.A.D.S.?		
2. WERE THE RESULTS OF THE EVALUATIONS PRESENTED IN UNDERSTANDABLE LANGUAGE?		
3. FOLLOWING THE EVALUATIONS, WERE YOU GIVEN THE OPPORTUNITY TO PARTICIPATE WITH R.E.A.D.S. STAFF IN THE DEVELOPMENT OF YOUR CHILD'S EDUCATIONAL PLAN?		
4. WAS THE EDUCATIONAL PLAN WRITTEN IN UNDERSTANDABLE LANGUAGE?		
5. WAS THE EDUCATIONAL PLAN REALISTIC?		
6. HAS THE IMPLEMENTATION OF THE EDUCATIONAL PLAN HAD AN IMPROVING EFFECT ON YOUR CHILD?		
7. DO YOU RECOMMEND THAT YOUR SCHOOL DEPARTMENT CONTINUE TO PARTICIPATE IN THE R.E.A.D.S. PROGRAM?		

PARENTS EVALUATION OF R. E. A. D. S., INC.

COMMENTS (EXPLANATIONS OF NEGATIVE RESPONSES):

1. ____________________

2. ____________________

3. ____________________

4. ____________________

5. ____________________

6. ____________________

7. ____________________

APPENDIX K

Evaluation/Professional

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R. E. A. D. S., INC.

PROGRAM EVALUATION

PLEASE CHECK BELOW YOUR ROLE AS A RESPONDENT, BUT DO NOT IDENTIFY YOURSELF OR YOUR COMMUNITY.

32 TEACHER   8 PSYCHOLOGIST   9 NURSE   25 PRINCIPAL   4 SOCIAL WORKER

2 AIDE   19 COUNSELOR   7 SPEECH & LANGUAGE THERAPIST

9 LEARNING DISABILITIES TUTOR   9• OTHER (PLEASE SPECIFY. ______________)

		EXCELLENT	SATISFACTORY	SATISFACTORY	SIGNIFICANT PROBLEM	NO RESPONSE
I. REFERRAL SYSTEM						
A. EASE OF REFERRAL PROCESS	.8905	115 .4339	121 .4566	5 .0188	1 .0037	23 .0867
B. CLARITY OF PREREQUISITES	.8489	95 .3584	130 .4905	11 .0415	--	29 .1094
C. RELEVANCY OF INTAKE REQUIREMENTS	.8301	89 .3358	131 .4943	13 .0490	--	32 .1207
D. TIME LAG FROM INITIAL REFERRAL TO COMPLETED EVALUATION	.8339	59 .2226	162 .6113	14 .0528	5 .0188	25 .0943
II. EVALUATIONS						
A. MEDICAL						
1. LANGUAGE CLARITY OF MEDICAL ASSESSMENT	.8225	96 .3622	122 .4603	19 .0716	1 .0037	27 .1018
2. RELEVANCE OF MEDICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING	.7622	82 .3094	120 .4528	25 .0943	9 .0339	29 .1094
3. APPLICABILITY OF MEDICAL RECOMMENDATIONS TO LEARNING SITUATIONS.	.6942	70 .2641	114 .4301	23 .0867	12 .0452	46 .1735
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF MEDICAL RECOMMENDATIONS.	.5433	35 .1320	109 .4113	24 .0905	11 .0415	86 .3245

SPECIALIST RESPONDENTS: 124
COMMUNITY REPRESENTATION: 19 of 20 School Districts
PROGRAM EVALUATIONS SUBMITTED: 265
INDIVIDUAL PUPIL CASES INVOLVED: 134

		EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM	NO RESPONSE
B. PSYCHOLOGICAL						
1. QUALITY OF PSYCHOLOGICAL ASSESSMENT	.6292	75 .2830	105 .3962	16 .0603	--	69 .2603
2. LANGUAGE CLARITY OF PSYCHOLOGICAL ASSESSMENT	.6867	81 .3056	101 .3811	7 .0264	--	76 .2867
3. RELEVANCE OF PSYCHOLOGICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING	.6453	59 .2226	112 .4226	15 .0566	--	79 .2981
4. APPLICABILITY OF PSYCHOLOGICAL RECOMMENDATIONS TO LEARNING SITUATIONS	.6025	55 .2075	106 .4000	17 .0641	3 .0113	84 .3169
5. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF PSYCHOLOGICAL RECOMMENDATIONS	.5471	39 .1471	106 .4000	5 .0188	3 .0113	112 .4226
C. EDUCATIONAL (IN DIAGNOSTIC CLASS CASES ONLY)						
1. QUALITY OF EDUCATIONAL ASSESSMENT	.7131	104 .3924	85 .3207	7 .0264	1 .0032	68 .2566
2. LANGUAGE CLARITY OF EDUCATIONAL ASSESSMENT	.6980	104 .3924	81 .3056	3 .0113	1 .0032	76 .2867
3. RELEVANCE OF EDUCATIONAL ASSESSMENT TO EDUCATIONAL PROGRAMMING	.6603	87 .3283	88 .3320	10 .0377	3 .0113	77 .2905
4. APPLICABILITY OF EDUCATIONAL RECOMMENDATION TO LEARNING SITUATIONS	.6414	79 .2987	91 .3433	12 .0452	3 .0113	80 .3018
5. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF EDUCATIONAL RECOMMENDATIONS	.5659	65 .2452	85 .3207	10 .0377	4 .0150	101 .3811

		EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM	NO RESPONSE
III. ANCILLARY MEDICAL SERVICES						
A. NEUROLOGY						
1. Language Clarity of Neurological Assessment	.2829	27 .1018	48 .1811	5 .0188	--	185 .6981
2. Relevance of Neurological Assessment to Educational Programming	.2980	25 .0943	54 .2037	4 .0150	2 .0075	180 .6792
3. Applicability of Neurological Recommendation to Learning Situation	.2716	17 .0641	55 .2075	6 .0226	2 .0075	185 .6981
4. Change in Pupil Behavior Due to Implementation of Neurological Recommendations	.2339	9 .0339	53 .2000	3 .0113	1 .0037	199 .7509
B. OPHTHALMOLOGY						
1. Language Clarity of Ophthalmological Assessment	.4565	58 .2188	63 .2377	5 .0188	--	139 .5245
2. Relevance of Ophthalmological Assessment to Educational Programming	.4225	40 .1509	72 .2716	5 .0188	--	148 .5584
3. Applicability of Ophthalmological Recommendation to Learning Situation	.3660	34 .1283	63 .2377	7 .0264	1 .0037	160 .6037
4. Change in Pupil Behavior Due to Implementation of Ophthalmological Recommendations	.2830	22 .0830	53 .2000	7 .0264	--	183 .6905

		EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM	NO RESPONSE
C. AUDIOLOGY						
1. LANGUAGE CLARITY OF AUDIOLOGICAL ASSESSMENT	.4602	57 .2105	65 .2452	6 .0226	--	137 .5169
2. RELEVANCE OF AUDIOLOGICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING	.4339	37 .1396	78 .2943	4 .0150	--	146 .5509
3. APPLICABILITY OF AUDIOLOGICAL RECOMMENDATION TO LEARNING SITUATIONS	.3810	27 .1018	74 .2792	7 .0264	--	157 .5924
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF AUDIOLOGICAL RECOMMENDATIONS	.3202	14 .0528	71 .2679	6 .0226	1 .0037	173 .6528
D. EAR, NOSE AND THROAT						
1. LANGUAGE CLARITY OF EAR, NOSE AND THROAT ASSESSMENT	.0641	3 .0113	14 .0528	3 .0113	2 .0025	243 .9169
2. RELEVANCE OF EAR, NOSE AND THROAT ASSESSMENT TO EDUCATIONAL PROGRAMMING	.0452	1 .0037	11 .0415	1 .0032	1 .0032	251 .9471
3. APPLICABILITY OF EAR, NOSE AND THROAT RECOMMENDATION TO LEARNING SITUATIONS	.0452	2 .0025	10 .0322	--	--	253 .9547
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF EAR, NOSE AND THROAT RECOMMENDATIONS	.0301	1 .0032	7 .0264	--	--	257 .9698

		EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM	NO RESPONSE
E. LANGUAGE						
1. Language Clarity of Language Assessment	.2187	19 .0716	39 .1471	1 .0037	6 .0226	200 .7547
2. Relevance of Language Assessment to Educational Programming	.2188	15 .0566	43 .1622	1 .0037	6 .0226	200 .7547
3. Applicability of Language Recommendation to Learning Situations	.1962	11 .0415	41 .1547	4 .0150	2 .0075	207 .7811
4. Change in Pupil Behavior Due to Implementation of Language Recommendations	.1622	7 .0264	36 .1358	--	2 .0075	220 .8301
F. DENTISTRY						
1. Language Clarity of Dental Assessment	.1245	11 .0415	22 .0830	1 .0037	--	231 .8716
2. Relevance of Dental Assessment to Educational Programming	.0904	5 .0188	19 .0716	1 .0037	--	240 .9056
3. Applicability of Dental Recommendation to Learning Situations	.0565	3 .0113	12 .0452	2 .0075	1 .0037	247 .9320
4. Change in Pupil Behavior Due to Implementation of Dental Recommendations	.0451	4 .0150	8 .0301	--	1 .0037	252 .9509

		EXCELLENT	SATISFACTORY	UNSATISFACTORY	SIGNIFICANT PROBLEM	NO RESPONSE
G. PSYCHO-NEUROLOGY						
1. LANGUAGE CLARITY OF PSYCHO-NEUROLOGICAL ASSESSMENT	.0791	5 .0188	16 .0603	--	--	244 .9207
2. RELEVANCE OF PSYCHO-NEUROLOGICAL ASSESSMENT TO EDUCATIONAL PROGRAMMING	.0565	5 .0188	10 .0377	2 .0075	--	248 .9358
3. APPLICABILITY OF PSYCHO-NEUROLOGICAL RECOMMENDATION TO LEARNING SITUATIONS	.0527	2 .0075	12 .0452	2 .0075	--	249 .9396
4. CHANGE IN PUPIL BEHAVIOR DUE TO IMPLEMENTATION OF PSYCHO-NEUROLOGICAL RECOMMENDATIONS	.0452	--	12 .0452	2 .0075	--	251 .9471

*DIRECTOR SPECIAL EDUCATION: 4
C.E.T. CHAIRPERSON: 1
VISUAL HANDICAPTUTOR: 1
READING SPECIALIST: 2
LEARNING COUNSELOR: 1

APPENDIX L

Evaluation/Parental

PARENT EVALUATION OF R. E. A. D. S., INC.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS BY PLACING A CHECK MARK (✓) UNDER THE APPROPRIATE COLUMN.

FOR THOSE RESPONSES THAT ARE CHECKED IN THE NEGATIVE, WOULD YOU PLEASE STATE THE REASON FOR YOUR CHOICE.

THERE IS NO NEED TO SIGN THIS FORM.

PLEASE COMPLETE AND RETURN IN THE ENVELOPE PROVIDED.

	YES	NO	NO RESPONSE
WERE YOU SATISFIED WITH THE EVALUATIONS CONDUCTED AT R.E.A.D.S.?	97(.8899)	9(.0825)	3(.0275
WERE THE RESULTS OF THE EVALUATIONS PRESENTED IN UNDERSTANDABLE LANGUAGE?	98(.8990)	6(.0550)	5(.0458
FOLLOWING THE EVALUATIONS, WERE YOU GIVEN THE OPPORTUNITY TO PARTICIPATE WITH R.E.A.D.S. STAFF IN THE DEVELOPMENT OF YOUR CHILD'S EDUCATIONAL PLAN?	85(.7798)	12(.1100)	12(.1100)
WAS THE EDUCATIONAL PLAN WRITTEN IN UNDERSTANDABLE LANGUAGE?	89(.8165)	2(.0183)	18(.1651)
WAS THE EDUCATIONAL PLAN REALISTIC?	92(.8440)	5(.0458)	12(.1100)
HAS THE IMPLEMENTATION OF THE EDUCATIONAL PLAN HAD AN IMPROVING EFFECT ON YOUR CHILD?	82(.7522)	7(.0642)	20(.1834)
DO YOU RECOMMEND THAT YOUR SCHOOL DEPARTMENT CONTINUE TO PARTICIPATE IN THE R.E.A.D.S. PROGRAM?	95(.8715)	7(.0642)	7(.0642)

PARENT RESPONDENTS: 109

COMMUNITY REPRESENTATION: 18 of 20 School Districts

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